

## WCEDA Micro-Loan Fund Checklist

<u>Item</u>	<u>Date Received</u>
Application Fee of \$75.00	
Completed and Signed Loan Application	
Completed and Signed Loan Applicant Requirements Document	
Detailed Business Plan	
Cash Flow projections for 3 years after funding for start-up businesses and 1 year after funding for existing businesses	
Description of collateral including deeds and/or titles to proposed collateral	
Three Years of Tax Returns for all Principles and Business	
Affidavit of Tax Information Accuracy	
Personal Financial Statements for all principles owning more than 20%	
Copy of Business License	
Certificate of Existence from Secretary of State if a Corporation Secretary of State's Office: 304-558-8000	
Credit Report on all Principles of Company	*
Release from Department of Tax and Revenue on Taxes	*
Profit and Loss statement for December 31 of last calendar year and the most recent calendar quarter	
Balance Sheet as of December 31 of last calendar year and the most recent calendar quarter	
Detailed list of all existing <u>business</u> debts with creditor, payment amount and current balance	
FEMA Flood Hazard Determination	
Representations Regarding Felony Conviction and Tax Delinquency-AD-3030	
Loan Application Submission Date Policy	
<i>Approval/Denial by Wyoming County EDA Loan Committee</i>	

\*Completed by WCEDA once filled out by Borrower

# Wyoming County Economic Development Authority Loan Application

## Personal Information

Page 1 of 2

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Business Information

Business Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Employer ID#: \_\_\_\_\_

Current # of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

# of Employees Expect in One Year: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Owners Name	SSN#	Percent of Ownership
-------------	------	----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Business Names: \_\_\_\_\_

## Demographic Information

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish the information, we are required to note the race/national origin of the individual applicants based on visual observation or surname.

Percentage of business owned by: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino \_\_\_\_\_

Ethnic Background: (Please Check One)

White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_

American Indian \_\_\_\_\_ Alaskan Native \_\_\_\_\_ Native Hawaiian \_\_\_\_\_

Other Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of Discrimination may be filed with the Secretary of Agriculture, Washington DC, 20250.

Narrative Description of Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Collateral List**

Collateral Description (Serial Number, Deed, etc.)	Approximate Value
_____	_____
_____	_____
_____	_____

**Funding Information**

Sources of Funding

Source 1	<u>EDA</u>	Amount	_____
Source 2	_____	Amount	_____
Source 3	_____	Amount	_____
Source 4	_____	Amount	_____
<i>Total Project Cost</i>			_____

Uses of Funds	Amount	
Land	_____	
Building	_____	
Construction	_____	
Leasehold Improvements	_____	
Machinery and Equipment	_____	
Inventory	_____	
Working Capital	_____	
Other	_____	
<i>Total</i>		_____

The information provided in this application for the Revolving Loan Fund is true and complete to the best of my/our knowledge. I/We understand that any false statements will be considered as cause for possible disqualification for my/our loan. You are hereby authorized to investigate on my/our personal history and/or credit and financial records employing investigation or credit agencies or bureaus of your choice, subject to the provisions of the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# WCEDA Loan Applicant Statement of Understanding

Please read each requirement, initial in the space provided next to the requirement, and sign at the bottom of the document.

- 1.) \_\_\_\_\_ I am required to provide the last 3 years of my personal and business tax returns.
- 2.) \_\_\_\_\_ I am required to get life insurance in the amount of the loan showing the Wyoming County Economic Development Authority (WCEDA) as the irrevocable beneficiary.
- 3.) \_\_\_\_\_ I am required to complete a business plan to the satisfaction of the loan officer.
- 4.) \_\_\_\_\_ I understand the application fee is not refundable even if I am denied the loan.
- 5.) \_\_\_\_\_ I understand that the closing costs can exceed the stated closing cost for each loan fund if the complexity of the closing causes the legal fees to rise above the stated closing cost. I also understand that I will be required to pay the difference between the stated closing cost and the actual closing costs at closing. The stated closing cost is added to the loan amount.
- 6.) \_\_\_\_\_ I understand that the WCEDA will check with the State to make sure all taxes are current and if they are not I will not be eligible for a loan.
- 7.) \_\_\_\_\_ I understand that I will need to have liability insurance for my business.
- 8.) \_\_\_\_\_ I understand that I must accurately complete everything that is applicable on the loan checklist.
- 9.) \_\_\_\_\_ I understand that WCEDA's lending process requires review and approval from the WCEDA loan committee. The process can be slow depending on the complexity of the application and if approved by the WCEDA loan committee, I may not receive any money for one to two months depending on the loan fund being utilized.
- 10.) \_\_\_\_\_ I understand that I must personally guarantee that the loan will be paid back.
- 11.) \_\_\_\_\_ I understand that I must provide a copy of my drivers license as part of my application.
- 12.) \_\_\_\_\_ I verify that I do not owe past due child support or that I have an arrangement made with the Bureau of Child Support.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Affidavit of Tax Information Accuracy

I, \_\_\_\_\_, hereby certify that the information on the tax returns submitted to the Wyoming County Economic Development Authority for the purpose of applying for a loan are accurate and are an exact copy of the tax forms submitted to the Internal Revenue Service. I understand false statements will be considered as cause for possible disqualification for my/our loan and possible prosecution.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

State of West Virginia

County of Wyoming County, to-wit,

This day appeared before me, the undersigned notary public, \_\_\_\_\_ who acknowledges under oath the signature above.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My commission expires \_\_\_\_\_

<b>Name</b>	<b>Business Phone</b> (xxx-xxx-xxxx)
<b>Home Address</b>	<b>Home Phone</b> (xxx-xxx-xxxx)
<b>City, State, &amp; Zip Code</b>	
<b>Business Name of Applicant/Borrower</b>	
<b>Business Address</b> (if different than home address)	
<b>Business Type:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor (does not apply to ODA applicant)	
<b>This information is current as of [month/day/year]</b> (within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)	
<b>WOSB applicant only, Married</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

ASSETS	LIABILITIES
(Omit Cents)	(Omit Cents)
Cash on Hand & in banks..... _____	Accounts Payable..... _____
Savings Accounts..... _____	Notes Payable to Banks and Others..... _____ (Describe in Section 2)
IRA or Other Retirement Account..... _____ (Describe in Section 5)	Installment Account (Auto)..... _____ Mo. Payments _____
Accounts & Notes Receivable..... _____ (Describe in Section 5)	Installment Account (Other)..... _____ Mo. Payments _____
Life Insurance – Cash Surrender Value Only..... _____ (Describe in Section 8)	Loan(s) Against Life Insurance..... _____
Stocks and Bonds..... _____ (Describe in Section 3)	Mortgages on Real Estate..... _____ (Describe in Section 4)
Real Estate..... _____ (Describe in Section 4)	Unpaid Taxes..... _____ (Describe in Section 6)
Automobiles..... _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities..... _____ (Describe in Section 7)
Other Personal Property..... _____ (Describe in Section 5)	Total Liabilities..... \$ 0
Other Assets..... _____ (Describe in Section 5)	Net Worth..... _____
<b>Total</b> \$ 0	<b>Total</b> \$ 0 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** (Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income)

**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.)

--

**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.)

**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 SBA/Lender/Surety Company 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. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_





WYOMING COUNTY ECONOMIC  
DEVELOPMENT AUTHORITY

Wyoming County  
Economic Development Authority  
P.O. Box 1828  
Pineville, WV 24874  
(304) 732-6707  
(304) 732-6963 Fax

## CREDIT REPORT RELEASE

I/we hereby authorize the Wyoming County EDA to obtain a copy of my/our personal credit report for the express purpose of analyzing my/our credit history as part of the process of assisting me/us in assessing potential eligibility for a business loan.

I/we further understand that I/we will not hold the Wyoming County EDA responsible in any way regarding their opinions on that eligibility or in the outcome of my/our loan request through financial institutions.

By signing below, I/we agree to the above conditions and further understand that this service is paid for through the application fee.

Individual:

Co-Owner/Partner:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Clear All Fields On This Form

**GSR-01**

Rev. 12/18

West Virginia

**Request for Statement of Good Standing**

West Virginia  
State Tax  
Department

Taxpayer Identification Number \_\_\_\_\_ Complete Business Name \_\_\_\_\_

Parent Company FEIN (If applicable, this would be the company that business returns are filed under.) \_\_\_\_\_

Business Location \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

PURPOSE FOR REQUEST (CHECK ONE):					
<input type="checkbox"/> ABCA	<input type="checkbox"/> DMV	<input type="checkbox"/> DOH	<input type="checkbox"/> SOS	<input type="checkbox"/> Bank Loan	<input type="checkbox"/> Other (specify below) _____

I understand that in the event that this business is not in good standing with the Tax Department I will be notified in writing as to what tax returns or tax payments are considered not filed or paid and who to contact with any questions regarding that situation.

By signing this Request for Statement of Good Standing, I certify under penalty of perjury that I am the taxpayer or the taxpayer's authorized representative and am entitled to receive the result of this request.

If you are a CPA or Attorney completing this Request for Statement of Good Standing for a business of which you are not a principle, a principle of the business must ALSO sign this request as the taxpayer.

If you are authorizing release of information for someone who is not a CPA or Attorney, this form must be notarized.

Taxpayer Signature Title Date

Print Name Phone E-mail

CPA/Attorney Signature Title Date

Print Name Phone E-mail

Signature of person other than taxpayer, CPA, or attorney (Form must be notarized). Title Date

Print Name Phone E-mail

State of West Virginia

County of -- Select --, to-wit,

This day appeared before me, the undersigned notary public \_\_\_\_\_, who acknowledge under oath the signature above.

\_\_\_\_\_ Notary public

\_\_\_\_\_ Date

My commission expires: \_\_\_\_\_

Send this request to:	Phone Numbers:
West Virginia State Tax Department ATTN: TPS – Support Unit PO Box 885 Charleston, WV 25323-0885	(304) 558-3333 (800) 982-8297 Follow Prompts for Statement of Good Standing Requests.

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)**

OMB Control No. 1660-0040  
Expires: 10/31/18

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (OMB Collection 1660-0040). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

**INSTRUCTIONS**

**SECTION 1**

1. **LENDER/SERVICER NAME AND ADDRESS:** Enter lender name and address.
2. **COLLATERAL DESCRIPTION:** Preparer should coordinate with user to ensure the collateral is sufficiently identified. Suggested forms of collateral identification include, but are not limited to, property address, parcel or lot number and longitude/latitude. If needed, additional information may be attached to this form.
3. **LENDER/SERVICER ID NO:** Optional. Preparer should coordinate with user to ensure the lender is sufficiently identified on the form. The lender name and address (Box 1. above) may be sufficient.
4. **LOAN IDENTIFIER:** Optional. May be used by lenders to conform with their individual method of identifying loans.
5. **AMOUNT OF FLOOD INSURANCE REQUIRED:** Optional. The minimum federal requirement for this amount is the lesser of: the outstanding principal loan balance; the value of the improved property, mobile home and/or personal property used to secure the loan; or the maximum statutory limit of flood insurance coverage. A lender retains the prerogative to require flood insurance in excess of the minimum federal requirements not by the direction of FEMA. National Flood Insurance Program (NFIP) policies do not provide coverage in excess of the insured value of the building/mobile home/personal property.

**SECTION 2**

**A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION**

1. **NFIP Community Name.** Enter the complete name of the community (as indicated on the NFIP map) in which the building or mobile home is located. Under the NFIP, a community is the political unit that has authority to adopt and enforce floodplain management regulations for the areas within its jurisdiction. A community may be any State or area or political subdivision thereof, or any Indian tribe or authorized tribal organization, or Alaska Native village or authorized native organization. (Examples: Brewer, City of; Washington, Borough of; Worcester, Township of; Baldwin County; Jefferson Parish) For a building or mobile home that may have been annexed by one community but is shown on another community's NFIP map, enter the Community Name for the community with land-use jurisdiction over the building or mobile home.
2. **County(ies).** Enter the name of the county or counties in which the community is located. For unincorporated areas of a county, enter "unincorporated areas." For independent cities, enter "independent city."
3. **State.** Enter the two-digit state abbreviation. (Examples: VA, TX, CA)
4. **NFIP Community Number.** Enter the 6-digit NFIP community number. This number can be determined by consulting the NFIP Community Status Book or can be found on the NFIP map; copies of either can be obtained from FEMA's Website <http://msc/fema.gov> or by calling 1-800-358-9616. If no NFIP Community Number exists for the community, enter "none."

**B. NFIP DATA AFFECTING BUILDING/MOBILE HOME**

The information in this section (excluding the LOMA/LOMR information) is obtained by reviewing the NFIP map on which the building/mobile home is located. The current NFIP map may be obtained from FEMA by calling 1-800-358-9616. Scanned copies of the NFIP maps can be viewed on FEMA's website at <http://msc.fema.gov>. Note that even when an NFIP map panel is not printed, it may be reflected on a community's NFIP map index with its proper number, date, and flood zone indicated; enter these data accordingly.

1. **NFIP Map Number or Community-Panel Number.** Enter the 11-digit number shown on the NFIP map that covers the building or mobile home. (Examples: 480214 0022C; 58103C0075F). Some older maps will have a 9-digit number (Example: 12345601A). Note that the first six digits will not match the NFIP Community Number when the sixth digit is a "C" or when one community has annexed land from another but the NFIP map has not yet been updated to reflect this annexation. When the sixth digit is a "C", the NFIP map is in countywide format and shows the flood hazards for the geographic areas of the county on one map, including flood hazards for incorporated communities and for any unincorporated county contained within the county's geographic limits. Such countywide maps will list an NFIP Map Number. For maps not in such countywide format, the NFIP will list a Community-Panel Number on each panel. If no NFIP map is in effect for the location of the building or mobile home, enter "none."

# STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

OMB Control No. 1660-0040

Expires: 10/31/18

2. **NFIP Map Panel Effective/Revised Date.** Enter the map effective date or the map revised date shown on the NFIP map. (Example: 6/15/93)  
This will be the latest of all dates shown on the map.

3. **Is there a Letter of Map Change (LOMC)?** This field can remain blank if no Letter of Map Change (LOMC) (these include the Letter of Map Amendment (LOMA), Letter of Map Revision (LOMR) or similar FEMA Map Letter(s)) applies to the subject property. If there is a LOMC, list the date and number. Information on the LOMC is available from the following sources:

\* The community's official copy of its NFIP map(s) should have a copy of all subsequently-issued FEMA Letters attached.

\* For a LOMC issued on or after October 1, 1994. Information is available on FEMA's website at <http://www.fema.gov/national-flood-insurance-program-flood-hazard-mapping/compendium-flood-map-changes>.

\* The FEMA Map Service Center website is <https://msc.fema.gov/portal>.

4. **Flood Zone.** Enter the flood zone(s) in which the building or mobile home is located. (Examples: A, AE, A4, AR, AR/A, AR/AE, AR/AO, V, VE, V12, AH, AO, B, C, X, D). If any part of the building or mobile home is within the Special Flood Hazard Area (SFHA), the entire building or mobile home is considered to be in the SFHA. All flood zones beginning with the letter "A" or "V" are considered to be in the SFHA. Each flood zone is defined in the legend of the NFIP map on which it appears. If there is no NFIP map for the subject area, enter "none."

5. **No NFIP Map.** If no NFIP map covers the area where the building or mobile home is located, check this box.

**C. FEDERAL FLOOD INSURANCE AVAILABILITY.** This is a review of community eligibility; it does not address individual building related eligibility, that is reviewed in the insurance process.

Check all boxes that apply; Note that boxes 1 (Federal Flood Insurance is available ...) and 2 (Federal Flood Insurance is not available ...) are mutually exclusive. In most instances, Federal flood insurance is available to all residents with eligible property in a community that participates in the NFIP. Community participation status can be determined by consulting the NFIP Community Status Book, which is available from FEMA and at <http://www.fema.gov/fema/csb.shtm>. The NFIP Community Status Book will indicate whether or not the community is participating in the NFIP and whether participation is in the Emergency or Regular Program. If the community participates in the NFIP, check either Regular Program or Emergency Program. To obtain Federal flood insurance, a copy of this completed form may be provided to an insurance agent.

Federal flood insurance is prohibited in areas designated by the Coastal Barrier Resources Act to be in a Coastal Barrier Resources Area (CBRA) and Otherwise Protected Areas (OPA) for buildings or mobile homes built or substantially improved after the date of the CBRA or OPA designation. Information about the Coastal Barrier Resources System (CBRS) may be obtained by visiting the U.S. Fish and Wildlife Service's website at <http://www.fws.gov/CBRA/index.html>.

**D. DETERMINATION.** If any portion of the building/mobile home is in an identified Special Flood Hazard Area (SFHA), check yes (flood insurance is required). If no portion of the building/mobile home is in an identified SFHA, check no. If no NFIP map exists for the community, check no. If no NFIP map exists, Section B5 should also be checked.

**E. COMMENTS.** Optional Comment. Preparer may add additional comments/pages/data as needed.

**F. PREPARER'S INFORMATION.** If other than the lender, enter the name, address, and telephone number of the company or organization performing the flood hazard determination. An individual's name may be included, but is not required.

**Date of Determination.** Enter date on which flood zone determination was completed.

**MULTIPLE BUILDINGS:** For guidance regarding multiple buildings, please contact your regulator, servicer, lender or other entity as applicable.

**GUARANTEES REGARDING INFORMATION:** Determinations on this form made by persons other than the lender are acceptable only to the extent that the accuracy of the information is guaranteed.

**FORM AVAILABILITY.** The form is available online at [http://www.fema.gov/plan/prevent/fhm/frm\\_form.shtm](http://www.fema.gov/plan/prevent/fhm/frm_form.shtm).

Copies of this form are available from the FEMA fax-on-demand line by calling (202) 646-FEMA and requesting form #23103. Guidance on using the form in a printed, computerized, or electronic format is contained in form #23110. This information is also available on FEMA's website. See the resource record, for usability purposes. The URL is <http://www.fema.gov/media-library/assets/documents/225?id=1394>.

**PURPOSE OF FORM:** In accordance with P.L. 103-325, Sec. 1365, (b) (1), this form has been designated to facilitate compliance with the flood insurance purchase requirements of the National Flood Insurance Reform Act of 1994.

**FOR LENDING RELATED GUIDANCE REGARDING THIS FORM:** Implementation of the mandatory flood insurance purchase requirements of the Flood Disaster Protection Act of 1973 and the National Flood Insurance Reform Act of 94, as amended, is the responsibility of the various Federal agencies that regulate lenders. Please contact your regulator or lender to determine their requirements.

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)**

OMB Control No. 1660-0040  
Expires: 10/31/18

**SECTION I - LOAN INFORMATION**

1. LENDER/SERVICER NAME AND ADDRESS	2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.)		
3. LENDER/SERVICER ID #	4. LOAN IDENTIFIER	5. AMOUNT OF FLOOD INSURANCE REQUIRED	

**SECTION II**

**A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION**

1. NFIP Community Name	2. County(ies)	3. State	4. NFIP Community Number
------------------------	----------------	----------	--------------------------

**B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME**

1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A")	2. NFIP Map Panel Effective / Revised Date	3. Is there a Letter of Map Change (LOMC)? <input type="radio"/> NO <input type="radio"/> YES (If yes, and LOMC date/no. is available, enter date and case no. below).	
4. Flood Zone	5. No NFIP Map	Date	Case No.

**C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply.)**

1.  Federal Flood Insurance is available (community participates in the NFIP).     Regular Program     Emergency Program of NFIP

2.  Federal Flood Insurance is not available (community does not participate in the NFIP).

3.  Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA). Federal Flood Insurance may not be available.

CBRA/OPA Designation Date: \_\_\_\_\_

**D. DETERMINATION**

**IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")?**  YES     NO

If yes, flood insurance is required by the Flood Disaster Protection Act of 1973.  
If no, flood insurance is not required by the Flood Disaster Protection Act of 1973. Please note, the risk of flooding in this area is only reduced, not removed.

This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building /mobile home on the NFIP map.

**E. COMMENTS (Optional)**

**F. PREPARER'S INFORMATION**

NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender)	DATE OF DETERMINATION
--------------------------------------------------------	-----------------------

AD-3030

U.S. DEPARTMENT OF AGRICULTURE

**REPRESENTATIONS REGARDING FELONY CONVICTION  
AND TAX DELINQUENT STATUS FOR CORPORATE APPLICANTS**

**Note: You only need to complete this form if you are a corporation.** A corporation includes, but is not limited to, any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.

*The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552(a), as amended). The authority for requesting the following information for USDA Agencies and staff offices is in §744 and 745 of the Consolidated and Further Continuing Appropriations Act, 2015, P.L. 113-235, as amended and/or subsequently enacted. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.*

*According to the Paperwork Reduction Act of 1985 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0025. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

**PART A – APPLICANT**

1. APPLICANT'S NAME	2. APPLICANT'S ADDRESS (Including Zip Code)	3. TAX ID NO. (Last 4 digits)
---------------------	---------------------------------------------	----------------------------------

- 4A. Has the Applicant been convicted of a felony criminal violation under Federal law in the 24 months preceding the date of application?  YES  NO
- 4B. Does the Applicant have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability?  YES  NO

Providing the requested information is voluntary. However, failure to furnish the requested information will make the applicant ineligible to enter into a contract, memorandum of understanding, grant, loan, loan guarantee, or cooperative agreement with USDA.

**PART B – SIGNATURE**

5A. APPLICANT'S SIGNATURE (BY)	5B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY	5C. DATE SIGNED (MM-DD-YYYY)
--------------------------------	----------------------------------------------------------------------------------	---------------------------------

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.*

**LOAN APPLICATION SUBMISSION DATE POLICY**  
**WYOMING COUNTY ECONOMIC DEVELOPMENT AUTHORITY**  
**EFFECTIVE DATE: MAY 1, 2016**  
**Amended: June 16, 2016**

**Effective May 1, 2016**, when an individual or business is interested in applying for a business loan through the Wyoming County Economic Development Authority (EDA), the individual or business must make an official application; this policy will outline when those complete applications are due to the Wyoming County EDA and when those applications will be reviewed.

A complete application is due to the staff of the Wyoming County EDA ten (10) calendar days prior to the third (3<sup>rd</sup>) Thursday of January, February, April, May, June, August, September, and November. If the application is found to be complete by the staff of the Wyoming County EDA, the application will then be presented to the Loan Committee for review and approval/denial at their regular scheduled meeting on the third (3<sup>rd</sup>) Thursday of January, February, April, May, June, August, September and November.

If a complete application is submitted at least ten (10) calendar days prior to the third (3<sup>rd</sup>) Thursday and found to be complete by staff, the application will be reviewed at the regular scheduled loan committee meeting. If the application is found to be incomplete, the applicant will be notified of the missing information and the application will have to be reviewed at the next regular scheduled loan committee meeting.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date