

WCEDA Small Business Fund Checklist

<u>Item</u>	<u>Date Received</u>
Application Fee of \$300.00	
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	*
Upload WV State Tax Department Letter of Good Standing (mytaxes.wvtax.gov)	
Profit and Loss statement for December 31 of last calendar year and the most recent calendar quarter (Existing Business)	
Balance Sheet as of December 31 of last calendar year and the most recent calendar quarter (Existing Business)	
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	
Loan Application Fee 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 if loan exceeds \$50,000.
- 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. If you apply, are approved, and close your loan, you will receive \$150 of your application fee as reimbursement at the time of closing.
- 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 _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

<input type="checkbox"/> 7(a) loan / 504 loan / Surety Bonds Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children). Return completed form to: For 7(a) loans: the Lender processing the application for SBA guaranty For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee
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<input type="checkbox"/> Disaster Business Loan Application (Excluding Sole Proprietorships) Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan. Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or disasterloans@sba.gov
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<input type="checkbox"/> Women Owned Small Business (WOSB) Federal Contracting Program This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete. SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through beta.certify.sba.gov

<input type="checkbox"/> 8(a) Business Development Program 8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document. SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104. Note: Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through certify.sba.gov . For additional information go to: http://www.sba.gov/8abd

Name	Business Phone (xxx-xxx-xxxx)
Home Address	Home Phone (xxx-xxx-xxxx)
City, State, & Zip Code	
Business Name of Applicant/Borrower	
Business Address (if different than home address)	
Business Type: ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor (does not apply to ODA applicant)	
This information is current as of [month/day/year] (within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)	
WOSB applicant only, Married ___ Yes ___ 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..... _____
Other Assets..... _____ (Describe in Section 5)	Net Worth..... _____
Total _____	Total _____ 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.)

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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. _____

NOTICE TO 7(a) LOAN, 504 LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

NOTICE TO DISASTER BUSINESS LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. § 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. § 645, 18 U.S.C. § 1001, 18 U.S.C. § 1014, 18 U.S.C. § 1040, 18 U.S.C. § 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. § 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE WOSB FEDERAL CONTRACTING PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as a WOSB or EDWOSB, or makes any other false statement in order to influence the WOSB Program eligibility determination or other review process in any way (e.g., protest), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to civil and administrative remedies, including suspension and debarment; and (4) ineligible for participation in programs conducted under the authority of the Small Business Act.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BUSINESS DEVELOPMENT PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) BD Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; (4) subject to administrative remedies, including suspension and debarment; and (5) ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hour per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

Privacy Act (5 U.S.C. 552a) and Debt Collection Improvement Act (31 U.S.C. 7701)

Authorities and Purpose for Collecting Information: SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit or other eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA, where applicable.

For purposes of SBA's financial assistance programs, 31 U.S.C. 7701 requires loan applicants and guarantors, or any indemnitor of a surety bond to provide their social security numbers, or other taxpayer identification numbers. Failure to provide this information would affect your ability to obtain an SBA loan or bond. For other individuals signing this form, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, your social security number or other taxpayer identification number helps SBA to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397. Personal information collected is protected to the extent permitted by law, including the Freedom Information Act, 5 U.S.C. 552, and the Privacy Act 5 U.S.C. 552. Such information is maintained pursuant to SBA's Privacy Act System of Records at <https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf>.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guaranty. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government guaranteed loan or guaranteed bond. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan guaranty agreement or any approved bond agreement. No further notice to you of SBA's access rights is required during the term of any such agreement. The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan or bond guarantee, or concerning an approved loan or loan guarantee or bond guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty, or to process or service the bond guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

Freedom of Information Act (5 U.S.C. 552)

This law provides, with some exceptions, that SBA must supply information contained in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics), and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms, and the maturity. With respect to SBA's bond guarantee program, SBA will release, among other things, statistics on the Surety Bond Guarantee (SBG) programs and other information such as the names of small businesses (and their officers, directors, stockholders or partners) and the amount of the bond guarantees. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.



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

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

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."

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.

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

OMB Control No. 1660-0040
Expires: 09-30-2023

STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

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.) Date Case No.		
4. Flood Zone	5. No NFIP Map			
C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply.)				
1. <input type="checkbox"/> Federal Flood Insurance is available (community participates in the NFIP). <input type="checkbox"/> Regular Program <input type="checkbox"/> Emergency Program of NFIP 2. <input type="checkbox"/> Federal Flood Insurance is not available (community does not participate in the NFIP). 3. <input type="checkbox"/> 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")? <input type="checkbox"/> YES <input type="checkbox"/> 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



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. § 552a, as amended). The authority for requesting the following information for U.S. Department of Agriculture (USDA) agencies and staff offices is in Division E, Title VII, §§ 744, 745 of the Consolidated Appropriations Act, 2022, Public Law 117-103 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 1995, 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)
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4A. Has the Applicant been convicted of a felony criminal violation under any 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 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)
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

LOAN APPLICATION SUBMISSION DATE POLICY
WYOMING COUNTY ECONOMIC DEVELOPMENT AUTHORITY
EFFECTIVE DATE: MAY 1, 2016
Amended: November 16, 2023

Effective January 1, 2024, 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 seven business days the month before 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 (3rd) Thursday of January, February, April, May, June, August, September, and November.

If a complete application is submitted seven business days before the month of the meeting 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 month's regular scheduled loan committee meeting.

Applicant Signature

Date

LOAN APPLICATION FEE POLICY
WYOMING COUNTY ECONOMIC DEVELOPMENT AUTHORITY
EFFECTIVE DATE: **January 1, 2024**
ADOPTED: **November 16, 2023**

Effective January 1, 2024, 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 the loan application fee that is due to the Wyoming County EDA.

When you apply for loan funds through the Wyoming County EDA, you must pay an application fee. The application fee assists with paying maintenance and administration fees associated with preparing the application for submission to the loan committee, and the approval/denial process.

If the applicant received an application before January 1, 2024, and is actively working with the Wyoming County EDA to apply for a loan before the February 2024 board meeting, the applicant will be grandfathered in at the old application fee rate of \$150. Any applications received after February 2024 will be at the new rate.

As of January 1, 2024, the application fee is \$300 on all applications. If you apply, are approved, and close your loan, you will receive \$150 of your application fee as reimbursement at the time of closing. You must be approved and close your loan to receive reimbursement of \$150, otherwise your entire application fee is non-refundable.

Applicant Signature

Date