

LAKEWOOD UEZ COVID-19 DISASTER ASSISTANCE LOAN APPLICATION

Please email application when complete to: ApplicationCOVID19UEZ@gmail.com

Be advised that the approval and disbursement of Zone Assistance Funds (first or second generation) is contingent upon the Applicant (UEZ business) remaining a certified UEZ business in good standing and maintaining all tax obligations to the State of New Jersey.

Section A

COMPANY NAME (LEGAL) _____

DOING BUSINESS AS: _____

BUSINESS ADDRESS: _____

BUSINESS TAX ID#: _____

BUSINESS PHONE NUMBER _____ **FAX / CELL / OTHER** _____

EMAIL ADDRESS: _____

LOAN REQUEST: _____ **TERM OF LOAN:** 5 YEARS

INTERST RATE: _____ fixed 1% 7 YEARS

10 YEARS

PERSONAL INFORMATION

Section B

<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Name: _____	Name _____
Position/ Title: _____	Position/Title: _____
Home Address: _____	Home Address: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____
Social Security # _____ DOB: _____	Social Security # _____ DOB: _____
Percentage of ownership of the business: _____	Percentage of ownership of the business: _____

CURRENT

Section C

<u>INCOME (ANNUAL)</u> (including support from family)	<u>EXPENSES (ANNUAL)</u>
Salary/Commissions/Bonuses/Other Compensation: _____	Federal Income and Other Taxes _____
Rental Income _____	State Income and Other Taxes _____
List/Total Income from all other sources: _____	Rent/Co-Op/Condominium Maintenance Fees _____
_____	Mortgage Payments & Taxes (Residential & Invest) _____
_____	Insurance _____
_____	Investments (incl tax shelters) _____
_____	Alimony/child support _____
_____	Tuition _____
_____	Other Living Expenses _____

** Income from alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not wish this considered as a basis for repayment of this loan.

<u>ASSETS</u>	<u>Value</u>	<u>LIABILITIES</u>	<u>Amounts</u>
Cash in banks (money market, CDs) _____	_____	Notes Payable _____	_____
Personal property (including owned automobiles) _____	_____	Accounts Payable including Credit cards _____	_____
Readily Marketable Securities (Sched. A) _____	_____	Taxes Payable _____	_____
Non-readily Marketable Securities (Sched. A) _____	_____	Mortgage debt (Sched. C) _____	_____
Accounts and Notes Receivable _____	_____	Notes Due: Partnership (Sched. D) _____	_____
Net cash surrender of life insurance (Sched. B) _____	_____	Other Liabilities (List): _____	_____
Residential Real Estate (Sched. C) _____	_____		
Real Estate Investment (Sched. C) _____	_____	Total Liabilities	\$ -
Other Assets: List _____	_____		
Total Assets	\$ -	Net Worth	\$ -

Required: Please attach the recent two years of personal and business tax returns.

CONTINGENT LIABILITIES

Do you have any outstanding letters of credit or surety bonds?
 Are there any suits or legal actions pending against you?
 Are you contingently liable on any lease or contract?
 Are any of your tax obligations currently past due?
 If yes for any of the above, give details:

Yes	No	Amount

Schedule A - All Securities (including Non-money market mutual funds)

No. of shares (stock) or Face Value (bonds)	Description	Owners	Where held?	Cost	Current Market Value	Pledged yes/no

Non-readily Marketable Securities

Schedule B - Insurance

Insurance Co.	Face amount of policy	Beneficiary	type	Cash surrender value	Amount Borrowed	Ownership

Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Personal Residence address	Legal Owner	Purchase Price/Year	Market Value	Loan Balance	interest	Loan Maturity	Monthly Payment	Lender
Investment	Legal Owner	Purchase Price/Year	Market Value	Loan Balance	interest	Loan Maturity	Monthly Payment	Lender

Schedule D - Partnerships (less than majority ownership for real estate partnerships)*

Type of Investment	Date of initial investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships, Notes, Cash Call	Final Contribution Date

*Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

Schedule E - Notes Payable

Due Date	Type of Facility	Amount of line	Secured yes/no	Collateral	Interest rate	Maturity	Unpaid Balance

The undersigned authorizes any person or consumer reporting agency to give the LUEZ any information it may have on the undersigned. The undersigned are aware that an annual review may be requested at the discretion of the LUEZ. This personal financial statement and any other financial or other information that the undersigned may give to the LUEZ shall remain the property of the LUEZ. The undersigned hereby certifies that they fully understand the LUEZ's Financial Assistance Program's lending policy and procedures and that the following were made available to them in written form at their request: 1) a copy of the LUEZ's Financial Assistance Program's Policies and Procedures and 2.) an amortization schedule based on the loan amount authorized.

QUALIFIED USES OF LOAN FUNDS: (THIS LOAN CAN NOT BE USED TO PAY OFF EXISTING DEBT)

- Payroll support
- Operations support

MINIMUM REQUIREMENTS FOR THE LOAN

- **Business must be a certified UEZ business in good standing at the time of application and must remain in good standing as a UEZ business during the repayment of the loan;**
- Prior to disbursement of funds, the UEZ business must be "cleared" as being in Tax Compliance with the State of NJ Division of Revenue;
- No active bankruptcy, civil judgments, or tax liens;
- Current on all bills and obligations;
- **Provide collateral to support the loan in the form of real estate located in NJ**

By executing this application for Lakewood Micro-loan funding, you are authorizing the Lakewood UEZ to perform a credit check on all applicants listed in this application. If credit scores returned are categorized as "POOR", a secondary guarantor in "GOOD" (or better) standing must additionally guarantee this loan.

By Policy of the State of New Jersey UEZ Program it is required that all loans be secured with collateral. The LDC accepts real estate in NJ. At the time of closing, the LDC must be listed on the insurance policy as the loss payee.

REAL ESTATE ADDRESS: _____ OR BLOCK & LOT _____
MUNICIPALITY _____
Owner: _____

SIGNATURES

Applicant: _____ **Co-Applicant:** _____

Date: _____ **Date:** _____

STATE OF NEW JERSEY
DIVISION OF TAXATION

Application for Exemption from Sales Tax on Purchases of Goods and Materials for Exclusive Use or Consumption within an Urban Enterprise Zone

1. NJ Taxpayer ID #: _____ / _____
2. Name of Business (Individual, Partnership or Corporate Name) _____
Trade Name (if any) _____
Business Address in the Urban Enterprise Zone _____
City _____ State _____ Zip Code _____
E-mail Address _____
3. Contact Name _____
4. Contact Telephone Number _____ 5. Contact E-mail Address _____
6. Principal Product or Service _____
7. Re-certification Beginning Date _____ Re-certification Ending Date _____
8. Employees: YES NO If yes, when did your business hire its first employee(s)? _____ / _____
9. UEZ File Number _____

Please check the following box that pertains to your business. The Division will verify the business gross receipts based on the tax data available.

The business gross receipts from all locations of this business entity for the prior annual tax period were less than \$10 million. I am requesting that you certify the business listed above as a qualified small business and that you issue to this business a UZ-5-SB Exempt Purchase Certificate.

The business gross receipts from all locations of this business entity for the prior annual tax period were \$10 million or more. I will be applying to the Division of Taxation for refunds of any use tax and/or sales tax paid at the point of purchase for goods and materials purchased by this business entity for use or consumption exclusively at its zone location.

The business listed on this application must be in full tax compliance with the State of New Jersey before any certification, recertification of eligibility in the Urban Enterprise Zone (UEZ) program, or the awarding of a business incentive or grant/loan associated with the UEZ program.

I consent to the release of information by the Division of Taxation to the Urban Enterprise Zone Authority (within the New Jersey Department of Community Affairs), municipal Urban Enterprise Zone coordinators, and the New Jersey Division of Revenue, which shall be limited solely to the business's tax compliance status and verification of annual gross receipts for the duration of the application and renewal processes.

Signature of Owner, Partner or Officer

Print or Type Name and Title

Date

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO YOUR MUNICIPAL UEZ LOCAL COORDINATOR, ALONG WITH YOUR APPLICATION FOR UEZ CERTIFICATION OR RE-CERTIFICATION

SEE INSTRUCTIONS ON REVERSE SIDE

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. PRINT OR TYPE ALL INFORMATION.
FAILURE TO PROPERLY COMPLETE THE ENTIRE APPLICATION WILL DELAY YOUR QUALIFICATION FOR THIS SALES TAX BENEFIT.

INSTRUCTIONS

General Instructions

Retail sales of personal property (except motor vehicles and energy) and sales of services (except telecommunications and utility services) to a qualified business for the exclusive use or consumption of such business within its business location in an enterprise zone are exempt from the taxes imposed under the "Sales and Use Tax Act," P.L. 1966, c.30 (C.54:32B-1 et seq.).

Effective July 15, 2006, Chapter 34, P.L. 2006 revised the Urban Enterprise Zones Act. The purchase exemption for purchases made by the qualified business remains effective; however, procedural amendments to the law now require the sales tax to be collected on sales made to qualified businesses, unless the business is a "small qualified business" (annual gross receipts less than \$10 million in the prior annual tax period). A "small qualified business" must furnish a UZ-5-SB to its vendor. A qualified business that is not a "small qualified business" must pay sales tax at the point of purchase, or self-assess use tax, and apply to the Division of Taxation for a refund within one year of the purchase, on the proper form (A-3730-UEZ) and in accordance with procedures prescribed by the Division of Taxation. General instructions can be found on the Division's Web Site at www.state.nj.us/treasury/taxation/pdf/other_forms/uez/a3730uez_claimin.pdf. Form A-3730-UEZ which can be accessed at <http://www.state.nj.us/treasury/taxation/a3730uez.xls> is downloadable, but cannot be filed on-line.

The partial sales tax exemption (3 1/2%) offered by certified retail businesses was not changed by revisions to the law.

This application (Form UZ-5-SB-A) must be completed annually for continued participation in the UEZ program.

Specific Instructions

The following instructions refer to the numbered entry items on the application.

- ITEM 1** Enter the NJ Taxpayer ID# your business received when you registered your business for state tax purposes, with the Client Registration Branch (NJ Division of Revenue). This must be the ID# used for state tax filings for the exact location completing this application.
- ITEM 2** Enter the name of the business, and Trade Name, if any, as registered with the Division of Taxation and the address where the business is located within the zone. Also provide the e-mail address of the business.
- ITEM 3** Enter the name of a person knowledgeable about the business and available for contact.
- ITEM 4** Enter the business location's telephone number where the person entered in Item 3 can be reached.
- ITEM 5** Enter an e-mail address for the contact person.
- ITEM 6** Enter the principal product your business sells or the principal service your business provides.
- ITEM 7** Enter the beginning and ending dates for the re-certification period for which you apply for UEZ qualification. Leave blank if this is a first-time application for UEZ qualification.
- ITEM 8** Enter YES if your business has paid wages or salaries to employees within the last three years and enter the month/year that employees were hired. Enter NO if business never had or does not currently have employees and proceed to question #9.
- ITEM 9** Enter your UEZ File Number, if any. This number may be found on letters your business receives from the UEZ Authority.

*P.L. 2008, c. 118 was signed into law on 12/17/08 increasing the gross receipts criterion for certification as a "small qualified business" to \$10 million, effective 2/1/09.