



ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE

APPLICATION FOR FINANCIAL ASSISTANCE

SECTION I. APPLICATION/PERSONAL INFORMATION

Name: Melissa Costas
Address: 105 Main St
New Paltz, NY 12561
Telephone: 845-256-8866 Fax: 845-704-1354 Email: _____

SECTION II. INFORMATION ABOUT YOUR BUSINESS AND BUSINESS LOCATION

Name of Business: Costas & Tate Insurance Agency
Address of Business: 40 Sunset Ridge Rd Suite 130
New Paltz, NY 12561
Business Telephone: 845-256-8866 Business Fax: 845-704-1354
Type of Business: Insurance Agency
Date Established: 10/1/2010
Date of Incorporation: 10/1/2010
Federal ID Number: _____
Social Security Number: _____

Bank where your Business has an account:
Name of Bank: Walden Savings + Mⁱ T Bank
Address of Bank: 2356 US 44 191 Main St
Gardiner, NY 12525 New Paltz, NY 12561
Telephone: 845-256-9667 845-255-7100

Number of Employees Presently Employed: 2 Full Time 1 Part Time ___ F T E
Current jobs retained after project 2 Full Time 1 Part Time ___ F T E
Jobs created after project ___ Full Time ___ Part Time ___ F T E

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 evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race: (Mark one or more)

White Black or African American

American Indian/Alaska Native Asian

Native Hawaiian or Other Pacific Islander

Gender: Male Female

Briefly describe the project for which this loan money is intended:

working capital - short term

SECTION III.

INFORMATION ABOUT MANAGEMENT

List the names of all owners (having 20% or greater interest), officers, directors, and/or partners. Provide the percent of ownership and the annual compensation. If more space is required attach a separate sheet.

Name and Title: Bonnie Costas
 Address: 214 Libertyville Rd
New Paltz, NY 12561
 Telephone: 845-256-8866
 Percent of Ownership: 51 % Annual Compensation: \$ _____

Name and Title: Melissa Costas
 Address: 105 main St
New Paltz, NY 12561
 Telephone: 845-256-8866
 Percent of Ownership: 49 % Annual Compensation: \$ 42,000

SECTION IV.

SUMMARY OF COLLATERAL

All loans made through the Revolving Loan Fund are secured. Please list items to be secured. Prior to closing, you will be required to provide an appraisal and deed for real property; or a list of make, model, serial number and appraised value for machinery, equipment, furniture or fixtures.

	Present Market Value	Present Mortgage Balance	Date Purchased	Cost Less Depreciation
A) Land and Building	\$ -	\$ -	/ / -	\$ -
B) Machinery and Equipment	\$	\$	/ /	\$
C) Furniture and Fixtures	\$ <i>see attached</i>	\$ <i>see attached</i>	/ /	\$
D) Personal Residence	\$	\$	/ /	\$
E) Other	\$	\$	/ /	\$
Total Collateral Offered	\$	\$	\$	\$

Section V. SOURCES AND USES OF FUNDS FOR PROJECT

PROJECT BUDGET – SUMMARY OF PROPOSED EXPENDITURES

Use Of Funds	Source Of Funds			
	Loan Fund	Owner Equity	Bank / Other (Specify)	Total
Land Acquisition				
Clearance and Demolition				
Streets / Site Improvements, Parking Facilities				
Water / Sewer Facilities				
Buildings				
___ Acquisition				
___ Construct				
___ Renovate /				
___ Reconstruct				
Capital Equipment				
___ New				
___ Used				
Furniture and Fixtures				
___ New				
___ Used				
Professional Fees				
Working Capital (attach a detailed list)	15 k			
Contingencies				
TOTAL PROJECT COSTS	\$ 15 k	\$	\$	\$

Term of Loan Requested: 5 years/months

PERSONAL FINANCIAL STATEMENT

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name Melissa Costas

Residence Address 105 main st New Paltz, NY 12561

City, State & Zip Code New Paltz, NY 12561

Business Name of Applicant/Borrower Costas & Tate Insurance

ASSETS

Cash on hand & in Banks 2,768
 Savings Accounts 1,200
 IRA or Other Retirement Account 15,292
 Accounts & Notes Receivable
 Life Insurance-Cash Surrender Value Only
 (Complete Section 8)
 Stocks and Bonds
 (Describe in Section 3)
 Real Estate
 (Describe in Section 4)
 Automobile-Present Value 17,000
 Other Personal Property
 (Describe in Section 5)
 Other Assets
 (Describe in Section 5)

TOTAL 36,260

LIABILITIES

Accounts Payable
 Notes Payable to Banks and others
 (Describe in Section 2)
 Installment Accounts (Auto) 14,578
 Installment Accounts (Other)
 (Student Loans) 18,601
 Loan on Life Insurance
 Mortgages on Real Estate
 (Describe in Section 4)
 Unpaid Taxes
 (Describe in Section 6)
 Other Liabilities 890
 (Describe in Section 7)
 Total Liabilities
 Net Worth

TOTAL 34,069

Section 1. (Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward income.)

Salary 42,000
 Net Investment Income
 Real Estate Income
 Other Income (Describe Below)

As Endorser or Co-Maker
 Legal Claims & Judgments
 Provision for Federal Income Tax
 Other Special Debt

Description of other Income:

Section 2.

NOTES PAYABLE TO BANKS AND OTHERS

Name and Address Of Note Holder	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc)	How Secured Or Endorsed Type of Collateral

Section 3.

STOCKS AND BONDS

Number of Share	Name of Securities	Cost	Market Value Quotation/ Exchange	Date of Quotation/ Exchange	Total Value

Section 4.

REAL ESTATE OWNED

	Property A	Property B	Property C
Type of Property			
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			

Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount Payment per Month/ Year			
Status of Mortgage			

Section 5.

Other Personal Property and 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, type, to whom payable, when due, and to what property, if any, attach tax lien)*

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)*

100,000

PERSONAL FINANCIAL STATEMENT

1. Have you ever gone through bankruptcy or comprised a debt? No ___ Yes
If YES, Please attach an explanatory statement.
2. If this is a statement of you and your spouse, are any assets a spouse's separate property? No ___ Yes
If YES, Please attach an explanatory statement.
3. Are any assets pledged or debts secured except as shown above? No ___ Yes
If YES, Please attach an explanatory statement

The information contained in this statement is provided for the purpose of obtaining a loan from funding programs on my/our behalf or on behalf of firms or corporations in whose behalf I/we may, either severally or jointly with others, execute a guaranty in favor of the funding program. I/We understand that this information, including the designation made as to ownership of the property will be used in deciding to grant or continue credit. I/We certify that the information provided is true and complete to the best of my/our knowledge. I/we authorize the loan fund administrator to check my/our credit history and employment listing or to make all other inquiries you deem necessary to verify the accuracy of the statements made on this form in the determination of my/our credit-worthiness and answer questions about or report my/our credit experience.

Signature:

Melvin Carter

Date:

9/21/18

Social Security Number:

[REDACTED]

Signature:

(Joint Applicant)

Date:

Social Security Number:



ULSTER COUNTY ECONOMIC DEVELOPMENT ALLIANCE
APPLICATION FOR FINANCIAL ASSISTANCE

SECTION I. APPLICATION/PERSONAL INFORMATION

Name: Bonnie B Costas
Address: 40 Sunset Ridge Rd Suite 130
New Paltz, NY 12561
Telephone: 845-256-8866 Fax: 845-704-1354 Email: costasawdtate@gmail.com

SECTION II. INFORMATION ABOUT YOUR BUSINESS AND BUSINESS LOCATION

Name of Business: COSTAS + TATE Insurance Agency INC
Address of Business: 40 SUNSET RIDGE RD SUITE 130
NEW PALTZ, NY 12561
Business Telephone: 845-256-8866 Business Fax: 845-704-1354
Type of Business: Insurance Agency
Date Established: 10/1/2010
Date of Incorporation: 8/9/10
Federal ID Number: [REDACTED]
Social Security Number: _____

Bank where your Business has an account:

Name of Bank: WALDEN SAVINGS BANK
Address of Bank: Route 44/55 GARDINER, NY 12525
Telephone: 845-_____ M&T BANK

Number of Employees

Presently Employed: 2 Full Time 1 Part Time F T E

Current jobs retained after project 2 Full Time 1 Part Time F T E

Jobs created after project Full Time Part Time F T E

191 main st
New Paltz, NY
12561

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Ethnicity:

Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark one or more)

White _____ Black or African American _____
American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female

Briefly describe the project for which this loan money is intended:

SHORT TERM WORKING CAPITAL

PERSONAL FINANCIAL STATEMENT

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name Bonnie B Costas

Residence Address 214 Libertyville Rd

City, State & Zip Code New Paltz, ny 12561

Business Name of Applicant/Borrower COSTAS + STATE Insurance Agency INC

ASSETS	LIABILITIES
Cash on hand & in Banks <u>2000</u>	Accounts Payable <u>3000</u>
Savings Accounts <u>0</u>	Notes Payable to Banks and others (Describe in Section 2) <u>0</u>
IRA or Other Retirement Account <u>8,000</u>	Installment Accounts (Auto) <u>0</u>
Accounts & Notes Receivable <u>0</u>	Installment Accounts (Other) <u>2900</u>
Life Insurance-Cash Surrender Value Only (Complete Section 8) <u>20k</u>	Loan on Life Insurance <u>0</u>
Stocks and Bonds (Describe in Section 3) <u>0</u>	Mortgages on Real Estate (Describe in Section 4) <u>172k</u>
Real Estate <u>300k</u>	Unpaid Taxes <u>1600</u>
Automobile-Present Value <u>0</u>	(Describe in Section 6) <u>0</u>
Other Personal Property <u>10k</u>	Other Liabilities (Describe in Section 7) <u>0</u>
Other Assets <u>COSTAS + State ins</u>	Total Liabilities <u>0</u>
(Describe in Section 5)	Net Worth <u>179,500</u>
TOTAL <u>340k</u>	TOTAL <u>160,500</u>

Section 1. (Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward income.)

Salary 38k

Net Investment Income _____

Real Estate Income 12684

Other Income (Describe Below) 14232

As Endorser or Co-Maker 0

Legal Claims & Judgments 0

Provision for Federal Income Tax 0

Other Special Debt 0

Description of other Income:

Rental Income

Section 2.

NOTES PAYABLE TO BANKS AND OTHERS

Name and Address Of Note Holder	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc)	How Secured Or Endorsed Type of Collateral
Bonnie COSTAS	225	172	1172	M	Home
Bonnie COSTAS	3200	1600	1600	Annual	School tax will be paid 10/15
Bonnie COSTAS	3000	2800	50	Monthly	Credit card

Section 3.

STOCKS AND BONDS

Number of Share	Name of Securities	Cost	Market Value Quotation/ Exchange	Date of Quotation/ Exchange	Total Value
	None				

Section 4.

REAL ESTATE OWNED

	Property A	Property B	Property C
Type of Property	PVT Home	condoms of Home	51% COSTAS + 49% Rene
Name & Address of Title Holder	Bonnie COSTAS 214 LIBERTY BLVD New York, NY 10011		Bonnie B COSTAS
Date Purchased	1/2009	2009 - Present	10/1/2010
Original Cost	225K	10K	?
Present Market Value	300K	10K	?

Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount Payment per Month/ Year			
Status of Mortgage			

Section 5.

Other Personal Property and 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).

Personal property, furnishings, jewelry
 Appliances

Section 6.

Unpaid Taxes: (Describe in detail, type, to whom payable, when due, and to what property, if any, attach tax lien)

1600 School tax to be paid 10/18

Section 7.

Other Liabilities: (Describe in detail)

None

Section 8.

Life Insurance Held: (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

20K

PERSONAL FINANCIAL STATEMENT

1. Have you ever gone through bankruptcy or comprised a debt? No Yes
If YES, Please attach an explanatory statement.
2. If this is a statement of you and your spouse, are any assets a spouse's separate property? No Yes
If YES, Please attach an explanatory statement.
3. Are any assets pledged or debts secured except as shown above? No Yes
If YES, Please attach an explanatory statement

The information contained in this statement is provided for the purpose of obtaining a loan from funding programs on my/our behalf or on behalf of firms or corporations in whose behalf I/we may, either severally or jointly with others, execute a guaranty in favor of the funding program. I/We understand that this information, including the designation made as to ownership of the property will be used in deciding to grant or continue credit. I/We certify that the information provided is true and complete to the best of my/our knowledge. I/we authorize the loan fund administrator to check my/our credit history and employment listing or to make all other inquiries you deem necessary to verify the accuracy of the statements made on this form in the determination of my/our credit-worthiness and answer questions about or report my/our credit experience.

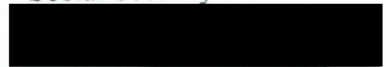
Signature:

Bonnie Costas

Date:

9/20/18

Social Security Number:



Signature:

(Joint Applicant)

Date:

Social Security Number:

Costs + Total Inventory

September 2018	
	TOTAL AMOUNT
EXECUTIVE DESKS 3	2400
DELL DESKTOP COMPUTERS 3	3000
NEC PHONE SYSTEM	2000
CONFERENCE TABLE & 4 CHAIRS	380
BROTHER HLL8260CDW PRINTER	350
BROTHER MFC8480DN PRINTER	300
ROOM DIVIDER	400
CHERRY WOOD DESK	200
CREDENZA	100
CLIENT CHAIRS 8	400
BOOK CASE	100
CORNER TABLE	40
WATER COOLER	100
KITCHEN TABLE	100
EXEC SECRETARY CHAIRS 4	700
MATS FOR UNDER CHAIRS 3	225
MINI FRIDGE 2	200
MICROWAVE	75
TONER	150
GARBAGE CANS 8	80
FILE CABINETS 5	500
RADIO	30
UPS 2	140
LAPTOPS 2	1600
PORTABLE PRINTER	150
SHREDDER	85
FIREPROOF SAFE	60
FIRE EXTINGUISHER	50
MISC PAPER SUPPLIES	300
VARIDESK 2	850
	15065