CERTIFICATION OF BUSINESS

Name of Business:_____

The undersigned does/do solemnly affirm that to the best of my/our knowledge, information and belief, all statements in this application, including all schedules, appendices and additional information submitted in connection herewith, are true and accurate.

A. Is the Company, or any of its principal officers, presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? ☐ Yes ☐ No

B. Has the Company, any of its principal officers, or any of its affiliates, ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors? ☐ Yes ☐ No

C. Has the Company, or any of its affiliates, ever settled debt with a lending institution for less than the full amount outstanding? ☐ Yes ☐ No

D. Has a senior manager or principal of the Company ever been convicted of a felony or misdemeanor, other than a minor traffic violation, or are any such charges pending? ☐ Yes ☐ No

E. Has the Company or any of its affiliates, been cited for a violation of federal, state, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution operating practices? ☐ Yes ☐ No

F. Are there any outstanding judgments or liens pending against the Company other than liens in the normal course of business? ☐ Yes ☐ No

G. Is the Company delinquent on any New York State, federal or local tax obligations? ☐ Yes ☐ No

(NOTE: If your answer is "Yes" for any of the above questions, please provide an explanation.)

H. I understand that information and documentation provided in this application, including but not limited to, any descriptive text, all funding sources and use of funds, may be used by the NYS Office of Community Renewal as part of their Public Information Office's outreach and media efforts. Personal and confidential material will not be shared. ☐ Yes ☐ No

Signature:_____ **Print Name:** _____

Chief Executive Officer

Phone: _____ **Title:** _____

Email: _____ **Address:** _____

Date: _____ _____