



Yonkers IDA Industrial Development Agency

Date: 2020-07-14 16:47:04  
ID Number: 94

### Grant/Loan Application

**I AM APPLYING FOR**

Grant

**AMOUNT REQUESTED FOR GRANT**

\$10,000.00

**MY BUSINESS IS LOCATED IN A "HIGHLY DISTRESSED" AREA:**

Yes

**WERE YOU A FINANCIALLY VIABLE ENTITY PRIOR TO MARCH 7, 2020?**

Yes

**NUMBER OF EMPLOYEES**

20

**BUSINESS TYPE**

Services

**HAVE YOU BEEN NEGATIVELY AFFECTED BY THE COVID-19 STATE DISASTER EMERGENCY?**

Yes

**PLEASE DESCRIBE HOW YOU HAVE BEEN NEGATIVELY AFFECTED BY THE COVID-19 STATE DISASTER EMERGENCY:**

Every one was in a Stay at Home ordered lock down. So no one was coming to or looking for storage.

**PLEASE DESCRIBE IN DETAIL THE INTENDED USE OF THE FUNDS BEING REQUESTED AND HOW THE USE OF THE FUNDS ENHANCES THE ABILITY OF THIS BUSINESS TO SURVIVE.**

Prevention & Protection of Covid-19 for my employees & customers, i.e. PPE, Barriers, Sanitation Stations, etc.

**ARE THE FUNDS BEING REQUESTED UNDER THIS PROGRAM ENOUGH FOR YOUR NEEDS?**

No

### Business Information

**BUSINESS NAME**

SMART RELOCATIONS INC

**FEDERAL EIN NUMBER**

[REDACTED]

**BORROWING ENTITY(IF DIFFERENT FROM BUSINESS NAME)**

Smart Relocations Inc.

**BUSINESS ADDRESS**

145 SAW MILL RIVER RD  
Yonkers, New York 10701  
United States

**WEBSITE ADDRESS**

N/A

**DATE BUSINESS WAS ESTABLISHED:**

05/04/2005

**NUMBER OF YEARS OPERATING IN YONKERS**

15



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**TYPE OF BUSINESS**

S Corporation

**DOES THE BUSINESS HAVE ANY JUDGEMENTS OR TAX LIENS WITHIN THE PAST 3 YEARS?**

No

**IF YES, PLEASE DESCRIBE**

**PLEASE DESCRIBE THE BUSINESS YOU CONDUCT IN YONKERS**

Self Storage Facility

**PRIOR YEAR REVENUES (PLEASE USE YOUR MOST RECENT TAX FILING)**

2018

**PRIOR YEAR REVENUE**  
[REDACTED]

**HAVE YOU RECEIVED FUNDING FROM THE UNITED STATES SMALL BUSINESS ADMINISTRATION PROGRAM (E.G. PAYCHECK PROTECTION PROGRAM ["PPP"] OR EMERGENCY INJURY DISASTER LOAN ["EIDL"] OR ANY OTHER GOVERNMENT PROGRAM SINCE THE BEGINNING OF THE STATE DISASTER EMERGENCY?**

Yes

**IF YES, DESCRIBE THE AMOUNT OF ASSISTANCE YOU HAVE RECEIVED AND THE DATE IT WAS RECEIVED. PLEASE ALSO EXPLAIN WHY THOSE FUNDS WERE INSUFFICIENT TO MEET CONTINUING OPERATING NEEDS**

We received \$60,000.00 on April 30, 2020. Those funds were used for payroll & other business operations, excluding Covid Protection/Prevention.

**LIST ANY AND ALL OTHER FUNDING YOU ARE CURRENTLY SEEKING OR HAVE RECENTLY BEEN AWARDED IN RESPONSE TO COVID-19, INCLUDING BUT NOT LIMITED TO BANK LOANS, SBA LOANS, PUBLIC OR PRIVATE LOANS, GRANT FUNDING, ETC.**

\$60,000.00 PPP Loan

**PLEASE DESCRIBE ANY OTHER SOURCES OF FUNDING AVAILABLE TO YOUR BUSINESS:**

N/A

**Applicant Contact Information**

**PRIMARY NAME OF CONTACT**

[REDACTED]

**TITLE**

President

**PHONE NUMBER**

[REDACTED]

**EMAIL ADDRESS**

[REDACTED]

**PRINCIPAL/OWNER INFORMATION**

**PRINCIPAL/OWNER FULL NAME**

John Lennon

**PERCENTAGE OF BUSINESS OWNED**

100



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**ADDRESS**

[Redacted]

**CITY**

[Redacted]

**STATE**

[Redacted]

**HOME PHONE**

[Redacted]

**CELL PHONE**

[Redacted]

**EMAIL**

[Redacted]

**DATE OF BIRTH**

[Redacted]

**SSN/EIN**

[Redacted]

**TOTAL HOUSEHOLD INCOME**

[Redacted]

**HOUSEHOLD SIZE**

[Redacted]

**IS THERE AN ADDITIONAL PRINCIPAL/OWNER?**

No

**IF YES, PLEASE LIST**

[Redacted]

**Additional Information**

**IS THE PRINCIPAL PLACE OF BUSINESS WITHIN YONKERS?**

Yes

**HAS THE COVID-19 CRISIS RESULTED IN A DECLINE OF REVENUE FOR YOUR BUSINESS?**

Yes

**PLEASE DESCRIBE**

No one wanted/was allowed to leave their house & come to our facility.

**IS YOUR PLAN TO REMAIN IN OPERATION OR TO RE-OPEN THE BUSINESS AFTER ANY MANDATED CLOSURES AND/OR SOCIAL DISTANCING IS RELAXED?**

Yes

**IS YOUR BUSINESS OPEN NOW?**

Yes

**HAVE YOU FILED THE LAST TWO YEARS TAX RETURNS FOR YOUR BUSINESS?**

No

**DO YOU OWE SALES OR PAYROLL TAX TO NYS?**

No

**IF YES, PLEASE DESCRIBE**

[Redacted]

**DO YOU OWN OR RENT THE PROPERTY IN WHICH YOU OPERATE YOUR BUSINESS?**

Rent



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**WHERE IS YOUR BUSINESS LOCATED?**

Storefront

**HAVE YOU APPLIED, AND BEEN APPROVED, FOR ANY OTHER GRANTS OR LOANS RELATED TO COVID-19 RELIEF?**

Yes

**REPRESENTATIONS AND WARRANTIES**

**LOAN APPLICANTS ONLY**

**NUMBER OF FTE JOBS TO BE RETAINED**

**GRANT APPLICANTS ONLY**

• I hereby represent, warrant and certify to the YIDA that I shall use the funds received by the YIDA for the purpose of acquiring personal protective equipment or installing fixtures necessary to prevent the spread of novel coronavirus during the period in which the state disaster emergency is in effect.

• I hereby represent, warrant, and certify to the YIDA that I shall not receive more than \$10,000 in grants, collectively, from Industrial Development Agencies during the state disaster emergency.

**BY SUBMITTING THIS APPLICATION**

- I/We authorize the YIDA to obtain any information relating to my/our credit worthiness from any source, including a credit reporting agency, at any time during the loan application process or while any balance is outstanding.
- I/We hereby certify that the foregoing is true and complete to the best of my/our knowledge and belief.
- I have submitted the required additional documentation below.
- I acknowledge that the YIDA will rely on the representations made herein when acting on this application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.
- I hereby release YIDA and the members, officers, servants, agents and employees thereof and agree that the YIDA shall not be liable for, and I agree to indemnify, defend, pay and hold the YIDA harmless from and against any and all liability arising from or expense incurred by the YIDA concerning the loan application process.
- 1. I certify that all information provided in this application is true and correct to the best of my knowledge. I further understand that any false statements or information provided in this application or directly to representatives of YIDA may result in the denial of this application or forfeiture of any funds awarded to the applicant, which YIDA reserves the right to recoup through legal proceedings and for which the applicant shall be responsible for costs and attorney's fees if judgment is awarded to YIDA.
- I acknowledge that YIDA has the sole and absolute discretion as well as the final decision-making authority with respect the granting or denial of all applications submitted to this program. Such decisions are final and not subject to challenge in any forum.

**Please upload the following documents below**

**2019 BUSINESS TAX RETURNS (OR MOST RECENT YEAR FILED ) UPLOAD HERE FOR EACH**



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- [Smart-Relocations-Inc.-2018-Tax>Returns.pdf](#)

**2019 PERSONAL TAX RETURNS (OR MOST RECENT YEAR FILED)**

- [Johns-Personal-Taxes-20181.pdf](#)

**BUSINESS FINANCIAL STATEMENTS AS OF 12/31/19**

- [SR-P-L-Balance-sheet-2019.pdf](#)

**INCOME AND EXPENSE STATEMENTS FOR PAST 12 MONTHS**

- [SR-P-L-Balance-sheet-20191.pdf](#)

**EIN VERIFICATION LETTER**

- [SR-Tax-ID.pdf](#)

**COPY OF DRIVER'S LICENSES OR STATE ISSUED IDENTIFICATIONS**

- [John-Lennons-license-0714201.pdf](#)

Application will be deemed complete ONLY after all documentation has been provided. All approved applications will be posted on our website. You will be provided the opportunity to choose which information is redacted by a YIDA representative before any information is posted.