
3. If you (the applicant) are licensed to conduct a budget planning business in another state(s), please identify the state(s) and provide the name, address and telephone number of the regulatory agency that issued you the license.

Please check the appropriate response:

_____ No, we are not licensed in any other state.

_____ Yes, we are licensed in the following state(s):

If you are operating as budget planner in a state(s) which do not require licensing, please list those states.

If more space is needed, please attach additional pages to this application.

4. Please attach to this application a copy of the applicant's filing receipt, issued by the Secretary of State of the State of New York, or, for out of state budget planners, a copy of a Certificate of Qualification to Do Business certified by the Secretary of State of the State of New York.
5. Please include a copy of the applicant's by-laws with this application package.
6. Please include a copy of the Letter of Tax Exemption from the Internal Revenue Service indicating 501 (c) (3) tax status, if applicable. If not applicable please indicate such.
7. Please include the Charities Registration Statement issued by the State of New York Office of the Attorney General, Charities Bureau.

8. For each person signing the application, please provide the following:

Name: _____.

Prospective Title with the applicant: _____.

Employer's name; (other than the applicant): _____.

Occupation and Title: _____.

Business Address: _____.

Residential Address: _____.

If more space is needed please attach additional pages.

9. Please attach a list that includes the name and the complete business and residential address and occupation of each officer and director of the applicant.
10. Please provide a list that includes the name and residential address of each holder of capital certificates whether voting or non-voting and/or subvention certificates.
11. Please include documentation that the applicant or officer, director or manager has at least one-year of experience in financial services or related fields applicable to budget planning.
12. Fingerprints for each applicant or control party are required as per Article 2 – Section 22 of the New York State Banking Law and Part 402 of the Superintendent's Regulations. Fingerprints are to be processed via Safran Morpho Trust USA (L-1 Enrollment Services), where possible. Please refer to the "Fingerprinting Procedure" posted on our website. If you have any questions concerning this procedure, please contact the Department at 212-709-5507.
13. A background report must be prepared by an independent licensed private investigation firm and submitted to Licensed Financial Services (LFS) directly by the private investigation firm for each individual that signs the application. In the case in which an individual is signing an application on behalf of an applicant that is not a natural person, a background report shall be prepared for both such individual and the entity for which he or she is signing the application. A completed Certification of Background Report must be submitted with the application. (Please see Certification Background Report.)
14. Please include a signed Litigation Affidavit disclosing the details of any legal proceedings the applicant may be involved in. (Please see Litigation Affidavit – Individual and Litigation Affidavit – Licensee/Applicant.)
15. Please include a "Statement of Merit" describing the applicant's proposed budget planning operation in full, including but not limited to: 1) a list of all fees to be charged by the applicant and 2) the sources of funding and financing available to the applicant.

16. The applicant must supply annual financial statements for the Corporation, for at least the prior three years or, for a new corporation, a pro-forma financial statement. Financial statements shall include a balance sheet, a statement of revenues and expenses and a statement of cash flows. In addition, provide an estimate of the number of New York contract agreements and the respective dollar volume for three years into the future. (Please see Corporate Financial Statements.)
17. Please include a blank copy of any and all forms of written contracts the applicant intends to use between it and debtors or potential debtors. Such contract form(s) shall, at a minimum, make provision for the following information:
 - (i) A complete list of the debtor's obligations to be adjusted, including the name of each creditor;
 - (ii) The total fees agreed to for such services, including any adjustments for estimated available rebates from creditors, provided that nothing in this subdivision shall require a licensee to share rebates with its clients;
 - (iii) The commencement and termination date of the contract;
 - (iv) A pro forma statement of the total fees to be charged, including expected available rebates from creditors, expressed as a percentage of the total obligations, principal and interest to be adjusted under such contract(s).
18. Please provide a commitment letter or other proof that the applicant will have in place within 30 days of receiving a budget planner license a corporate surety bond issued in favor of the Superintendent, in the principal amount of at least \$250,000 or larger, or smaller as the Superintendent may require by a bonding company or insurance company authorized to do business in this State. (Please see Bond New York instruments.)

In lieu of a surety bond, the applicant may elect to keep on deposit certain assets with a bank or similar institution so identified in Banking Law, Section 580.4. (Please see the Budget Planner Deposit Agreement.)
19. Please include a copy of the applicant's policies and procedures established to ensure compliance with the privacy provisions of Title 5 of the Gramm-Leach-Bliley Act of 1999 and the regulations promulgated there under by the Federal Trade Commission, which are found in 16 CFR Part 313.
20. Each person signing the application must complete the Personal Questionnaire form, Personal Financial Statement, Authority to Release Information Form and a Taxpayer Identification Information Form. Your application will not be processed without these completed forms. (Please see the Personal Questionnaire, Personal Financial Statement, Authority to Release Information Form and a Taxpayer Identification Information Form.)

21. Please disclose if the corporation or any person signing the application thereof had a license to engage in the business of budget planning suspended or revoked in (a) New York State or (b) any other State:

(a) _____,

(b) _____.

22. Please disclose if the corporation or if any person signing the application thereof has previously applied for a license to engage in the business of Budget Planner in (a) New York State or (b) any other State: (Please tell us the name of applicant, date and place of application and disposition thereof)

(a) _____,

(b) _____.

23. Please disclose if the corporation or any person signing the application thereof has ever been convicted of any crime in any jurisdiction: (Please include the name of the person convicted, crime, date and place of conviction, and sentence)

_____.

_____.

24. Please describe relative to the corporation and each person signing the application the following:

- I. Any criminal action brought against such persons;
- II. Any civil actions brought against such persons. Please exclude any civil actions that terminated more than 15 years ago and also, any purely domestic relations actions.
- III. Any criminal or civil actions or proceedings brought against such persons to collect unpaid taxes and/or penalties by the Internal Revenue Service ("IRS") or any governmental unit with tax jurisdiction;
- IV. Any proceeding to declare such persons bankrupt; and the circumstances thereof;
- V. Any criminal or civil action; IRS criminal or civil action or proceeding to collect unpaid taxes and/or penalties; or proceeding to declare bankrupt any partnership, corporation, or association in which the applicant, director or officer was a director, partner, principal stockholder, or principal officer in the past 15 year period. Exclude any civil action in which the amount in controversy was less than \$2,500, or which terminated more that 15 years ago.

With regard to items I. to V., please include in the description the disposition of such action or proceeding.

25. Please submit a notarized statement stating that the business will abide by and establish procedures to ensure compliance with the privacy provisions of Title 5 of the Gramm-Leach-Bliley Act of 1999 and the regulations promulgated there under by the Federal Trade Commission, which are found in 16 CFR Part 313. (Please see Privacy Affidavit.)

Completed applications should be delivered to the Department, Attn: Licensed Financial Services at the following address:

New York State Department of Financial Services
Licensed Financial Services
One State Street
New York, New York 10004-1511

This form may be duplicated

(Name of corporate applicant)

By _____
(Corporate Officer or Secretary)

Attest: _____
(Secretary)

(Corporate Seal)

State of: _____)

County of: _____)

On this _____ day of _____, in the year 20____, before me personally came _____, to me known, who being by me duly sworn according to law did depose and say that he/she resides at _____, that he/she is a control party of, _____, the corporation described, and which executed the above instrument, that he/she knows the seal of said corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said corporation, that he signed his/her name thereto by like order, and that he/she has read the foregoing instrument and knows the contents thereof, and that the same are true and complete to the best of his/her knowledge, information and belief.

(Notary Public)