

Loan Application

GENERAL INFORMATION

Department Name:

Date:

Tax ID #:

Phone:

Fax:

Physical Address:

City:

State:

ZIP Code:

County:

Year Established:

Mailing Address:

City:

State:

ZIP Code:

E-mail:

DEPARTMENT INFORMATION

Chief:

Phone:

Primary
Contact Person:

Position:

Phone:

E-mail:

Type of Dept.: Volunteer Mostly Volunteer Career Mostly Career

Volunteer
Firefighters:

Career
Firefighters:

Stations:

Employees:

Sources of Funding: County-Tax Base County-Contract State Self Other _____

Is the Dept. registered as a Non-Profit Corporation? Yes No

of Board Members:

Board President:

Phone:

FINANCIAL INSTITUTION ACCOUNT INFORMATION

Deposit Accounts: Institution Name	Account Type	Balance
1.		
2.		
3.		

Loan Accounts: Institution Name	Current Balance	Payment Amt.	Original Term	Rate	Payment Frequency	Collateral
1.						
2.						
3.						

LOAN REQUEST INFORMATION

Purpose:

Amount:

Loan Term:

Payment Frequency: Monthly Quarterly Semiannual Annual Other _____

Collateral:

Additional Comments: