

TYRONE BOROUGH MICRO LOAN PROGRAM

APPLICATION

Section 1

Applicant Name: _____

Address: _____

Date of Birth: _____ SS# _____

Business Name: _____

Type of Business: Corp LLC Partnership Other: _____

Business Address: _____ Phone: _____

Section 2

Company Ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Section 3

Use of Funds:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____

Section 4

Please provide the following items:

Consent to Release Form _____ Sign: _____

Personal Financial Statement _____ Name: _____

Most Recent Tax Returns/Financials _____ Date: _____

Business Debt Schedule _____

Business Plan (If Startup) _____