

Date: _____

REVOLVING LOAN FUND
TOWN OF FLOYD
REQUEST FOR LOAN

SECTION I: GENERAL INFORMATION

Business Type: _____

Name: _____

Business Name: _____

Home Phone Number: _____

Email: _____

Business Phone Number: _____

Home Address: _____

Business Address: _____

SECTION II: LOAN INFORMATION

Amount Requested: _____

Purpose (please provide a brief description of what the loan will be used to purchase):

Detailed Description of Collateral:

Loan Pool Advisory Board Recommendation for Approval
_____ Yes _____ No

Please submit all completed applications and supporting documentation to:
Kayla W. Cox
Town of Floyd
138 Wilson Street
Floyd, VA 24091

APPLICATION CHECKLIST
(Please make sure the following are attached to your application)

- ____ Business Plan
- ____ Last two years tax return or one tax return and extension letter
- ____ Business tax return for past two years (if business is established)
- ____ Credit Report Authorization
- ____ Proof of equity interest in business or building
- ____ Proof of collateral

If you have any questions please contact Kayla W. Cox at kayla@townoffloyd.org or by phone at 745-2565 or Katie Holfield at katie@townoffloyd.org or by phone at 745-2565.

STATEMENT OF CONFIDENTIALITY: The Town of Floyd assures that information and data obtained as to personal facts and circumstances related to the Town of Floyd's Downtown Revitalization Project will be collected and held confidential, and will not be divulged without the individual's written consent. Any information disclosed, except to the Virginia Department of Housing and Community Development, must be in summary, statistical, or other form which does not identify particular individuals.

SECTION III: FINANCIAL SUMMARY

ASSETS

Cash on Hand and in Banks \$ _____

Savings Accounts \$ _____

Stocks and Bonds \$ _____

Real Estate \$ _____

Automobile – Present Value \$ _____

Personal Property \$ _____

Other Assets \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Outstanding Bills \$ _____

Notes Payable to Banks and Others \$ _____

Regular Monthly Payments
(Rent, Auto, Insurance) \$ _____

Other Liabilities and Debts \$ _____

TOTAL LIABILITIES \$ _____

INCOME

Yearly Salary \$ _____

Other Income \$ _____

TOTAL INCOME \$ _____

NET WORTH (TOTAL ASSETS – TOTAL LIABILITIES)

Net Worth \$ _____

SECTION IV: CREDIT REPORT AUTHORIZATION

PERSONAL INFORMATION
COMPLETE NAME
SOCIAL SECURITY NUMBER
DATE OF BIRTH
CURRENT ADDRESS
PREVIOUS ADDRESS

By signing this form, I acknowledge that I am the person named above and I understand that Federal Law provides that a person who obtains credit information under false pretenses shall be fined or imprisoned not more than two years or both. Furthermore, authorization is hereby granted to the Town of Floyd to obtain a standard factual data credit report through a credit reporting agency chosen by the Town of Floyd.

Signature

Date

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