



FOR OFFICE USE ONLY
Loan Log # _____
Date Received _____
Lead Staff _____

WARROAD ECONOMIC DISASTER FORGIVABLE LOAN APPLICATION

APPLICANT INFORMATION

Applicant Name: _____ Social Security Number: _____

Present Address: _____

Phone: (____) _____ Email: _____

BUSINESS AND LOAN REQUEST INFORMATION

Business Name: _____ EIN _____ Business Telephone: (____) _____

Business Address: _____

Business Web Address: _____

APPLICANT CERTIFICATION AND SIGNATURE

Everything I have stated in this application is true and correct to the best of my knowledge. I authorize the Northwest Minnesota Foundation to make inquiries regarding my credit history and information contained in this application and attachments.

Authorized Signature

Date



Further attachments

- ✓ Personal Financial Statement Form
- ✓ One year personal tax return
- ✓ One year business tax return
- ✓ Copies of invoices & bills to be considered for funding
- ✓ Copy of Articles of Incorporation and Bylaws for a corporation.