FOSSTON ECONOMIC DEVELOPMENT AUTHORITY
MICRO-LOAN PROGRAM APPLICATION

APPLICATION #_____ **DATE**: _____

Name of Firm or Business: _____

Name of Person Applying: _____

Address: _____

Telephone Number: (Work) _____ (Home) _____

Key Management Personnel/Owners

Name/Title: _____

Name/Title: _____

Type of Organization: (mark one)

_____ Sole Proprietorship Social Security Number: _____

_____ Partnership Federal ID Number: _____

_____ Corporation

Description of Proposed Project: _____

_____

Type of Project: $_____ Rehabilitation of Existing Building

$_____ Expansion of Existing Building

$_____ Purchase of Equipment/Machinery

$_____ Inventory/Working Capital

$_____ Land/Sidewalk Improvements

$_____ Other Project Costs

_____ _____

Owner Signature **Date**