

Rolling Hills Revolving Loan Fund Program Application

Eligible Applicants: (Please Mark Applicable)

Corporation	Cooperatives
LLC	Governmental Unit
Partnership	Nonprofit Entity
Sole Proprietorship	Tribal Authority

Eligible Project Types: (Please Mark Applicable)

Industrial/Commercial Development	Community Facilities
Small Business Expansion or Startup	Medical Facilities
Business Incubators	Training/Educational Facilities
Community Infrastructure	Tourism

Project Description:

Business Information:

For Company

Business Name: _____ Tax Identification Number: _____
 Telephone Number: _____ Email Address: _____

For Single Proprietorship

Name of Registered Owner: _____
 Date of Birth: _____ Social Security Number: _____
 Telephone Number: _____ Email Address: _____

Start of Business Operation (Year): _____

Nature of Business: _____

Products/Services: _____

Office Address _____

Owned Rented Length of Stay (Years) _____

Name of Key Officers	Position	Address

Please Attach Financial Statements (Last 3 Years Income Statement and Balance Sheet)

As of _____

Total Asset Size _____	Gross Sales _____
Total Liabilities _____	Total Expenses _____
Total Equity _____	Net Income _____

