



# Little Falls Micro Fund

Helping Our Community Grow

[www.littlefallsmicrofund.org](http://www.littlefallsmicrofund.org)

## LOAN APPLICATION

As you begin the process of applying for a Little Falls Micro Fund loan, please be sure to answer all questions on the application including the budget worksheet. If, in your situation, you believe there are any questions on the budget worksheet that do not require a response, please explain on the Explanation Worksheet provided. We look forward to being able to assist you with your loan request, but require a completed application with accurate information in order to do so. If you have questions please call 315-219-9396.

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMAIL \_\_\_\_\_

**OTHERS IN HOUSEHOLD:**

NAME	AGE	RELATIONSHIP	WORKS / IN SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT EMPLOYER or MOST RECENT EMPLOYER \_\_\_\_\_

DATE OF LAST EMPLOYMENT \_\_\_\_\_

PARTNER AGENCY \_\_\_\_\_

CONTACT AT PARTNER AGENCY (IF APPLICABLE) \_\_\_\_\_ PHONE \_\_\_\_\_

Please provide the names, phone numbers and/or email addresses for two references.

1. \_\_\_\_\_

2. \_\_\_\_\_

1. Amount requested \$ \_\_\_\_\_

2. Describe what the loan will be used for and the total cost. Attach a professional estimate of services if appropriate.

\_\_\_\_\_  
\_\_\_\_\_

2a. Explain how this loan will improve your quality of life \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2b. Explain how this loan will solve a problem for you \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use additional sheets for section 2 if necessary)

3. What is your current net income \$ \_\_\_\_\_

4. Based on your budget worksheet, how much could you repay monthly? \$ \_\_\_\_\_

*(Actual monthly repayment will be determined later – loans must be completely paid off in two years or less.)*

5. Are you a veteran? yes/no (circle one)

6. Are you disabled? yes/no (circle one)

Thank you for providing this information. Our goal is to process your application within ten business days. The LFMF places the highest priority on safeguarding your personal and financial information and takes every precaution to ensure your privacy. You have a right to expect that the information you provide will be accessible only to those who need it in order to serve your needs.

**IMPORTANT**

**Loan applicants are also required to fill out and attach the budget worksheet**

Application and worksheet must be returned to:  
Little Falls Micro Fund  
PO Box 817, Little Falls, NY 13365

Internal use: Date application received by LFMF: