



Program Application

Applicant Information

First Name **MI** **Last Name**

Social Security Number **Date of Birth:**

Current Mailing Address:

Street:

 City: State: Zip:

Contact numbers where you can be reached:

1- ()-- **Contact Type:** Home Phone Cell/Mobile
 2- ()-- **Contact Type:** Home Phone Cell/Mobile

Email Address (if applicable):

Are you currently employed? If so where _____.
 Yes No

Do you have a checking and/or savings account?
 Yes No

Are you a participant in any of the following (check all that apply)?
 NOW EDA CC PACE
 LT-PCS ADHC

Loan Information

What is your desired loan amount? (Loans may be up to \$1,000)

\$

Do you currently own your own business? If so, for how long? _____.

Yes

No

Where is your planned or current business located?

Write a brief description of your intended business below.

(Supply additional sheets as necessary)

Additional Information

Provide the information of one reference that has known you at least one year.

Name	<input type="text"/>	Phone Number	<input type="text" value="-"/> - <input type="text" value="-"/>
Address	<input type="text"/>	Relationship to Applicant	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		Number of Years of relationship <input type="text"/>

Email Address (if known)

I understand this application is for an interest free Micro-Enterprise Loan, that the funds are to be used solely for small business purposes, and that the funds I receive must be paid back in full.

Yes No

I agree to complete Business Plan Technical Assistance Process as a condition of receiving Independence Plus Micro-Enterprise Revolving Loan Funds.

Yes No

I agree to pay an Application Processing Fee of \$25.00 payable by check or money order to the Arc of Louisiana upon signing of the promissory notice.

Yes No

Submit This Application to:

**DHH/ Office of Aging and Adult Services
P.O. Box 2031
Baton Rouge, LA 70821**

I attest the information I provided in the application is true to the best of my knowledge and I wish to submit my application for participation in the Micro-Enterprise Loan Program.

Signature of Applicant

Date