

**Liberty Community Development Corporation
Preliminary Application for Assistance**

Applicant Information

Name

Address

City, State, Zip

Business Information

Name of Business

Address

City, State, Zip Telephone

Business Description: (Briefly describe your business)

Number of Employees: Now _____ **After** _____

Purpose of the Assistance: (List the uses of the loan)

USE	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

COLLATERAL SUMMARY

	\$ Value
Property _____	_____
Inventory _____	_____
Equipment _____	_____
Vehicles _____	_____
TOTAL	_____

NOTE:

If the application is accepted the business owner will be required to sign a note and documents necessary to perfect a lien against any collateral required to secure the loan. The note will contain the terms and conditions of the loan and become the binding agreement.

DISTRIBUTION OF FUNDS:

Funds will be distributed on a reimbursable basis, upon submission of paid receipt or valid invoice. Vendors may be paid directly.

DECLARATION:

I/We authorize the Liberty CDC to make any credit inquiries, tax record and/or background investigation pursuant to considering this application for assistance.

I/We understand that false or misleading statements may result in the forfeiture of benefits. Knowingly making false representation or failure to disclose material information on this application may lead to withdrawal of any commitment the Liberty CDC has made.

I understand that this application is a public record and is subject to inspection.

Signature SS Number

For Corporations: President Signs & Affix Seal