Chandler Collateral Assistance Program Application

City of Chandler • 175 South Arizona Avenue• Chandler, AZ 85225

Borrower's Information

Borrower:	
Individual's Name:	
Title:	
Mailing Address:	
City:	
State & Zip Code:	
E-mail Address:	
Primary Phone:	
Secondary Phone:	
Fax Number:	

Type of Entity:	
Registered In:	
Company Website:	
Business Address:	
Mailing Address:	
State & Zip Code:	
Guarantor:	
2nd Guarantor:	
Number of Jobs (FTE's) to be created within 2 years:	

(other contact information may be attached)

Lender's Information

Lending Institution:	
Loan Officer:	
Title:	
E-mail Address:	
Primary Phone:	
Secondary Phone:	
Fax Number::	

Mailing Address:	
City:	
State & Zip Code:	
E-mail Address:	
Other Contact:	
Primary Phone:	
Secondary Phone:	
Fax:	

Loan Information

Loan Amount:	
Maturity:	
Collateral Request: (up to 20%)	

Interest Rate:	
Other:	

I understand that this application has been prepared solely for the purpose of determining my eligibility for the Chandler IDA Collateral Assistance Program. I further understand that any false statements or misrepresentation made on this application or to the Lending Institution above are cause for rejection of this application. I also acknowledge that any costs incurred prior to funding of the underlying Loan(s) are at the risk and expense of the applicant.

I hereby authorize the Lending Institution above to release any and all information pertaining to this application to the Chandler IDA. This application is submitted with a non-refundable $250 application fee.

Applicant Signature

Date