

# LOUISIANA RURAL HEALTH SERVICES CORPORATION

## RURAL LOAN FUND

### LOAN APPLICATION

NAME OF ENTITY: \_\_\_\_\_ Tax ID \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-TOWN/PARISH/STATE/ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE/FAX: \_\_\_\_\_

NAME AND TITLE OF OWNERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF SERVICE IF DIFFERENT FROM ABOVE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PURPOSE OR USE OF FUNDS: DESCRIBE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW SERVICES TO BE OFFERED: DESCRIBE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW CONSTRUCTION: DESCRIBE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RENOVATION OF EXISTING FACILITY: DESCRIBE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER”

NUMBER AND TYPE OF JOBS CREATED AS A RESULT OF LOAN/PROJECT:

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AMOUNT OF LOAN REQUEST: \$ \_\_\_\_\_ .00

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

PLEASE ATTACH THE FOLLING DOCUMENTS IN ADDITION TO ANY OTHERS YOU FEEL MAY BE PERTINANT TO THE APPROVAL OF YOUR LOAN REQUEST.

- 1) CURRENT YEAR BUSINESS PLAN AND LAST TWO YEAR END STATEMENTS OF INCOME AND BALANCE SHEETS
- 2) LAST TWO YEARS CASH FLOW STATEMENTS AND THIS YEARS CURRENT
- 3) IF BUSINESS IS NEW, PRESENT A TWO YEAR PRO-FORMA
- 4) PROVIDE A COMPLETE BREAKDOWN OF USE OF LOAN FUNDS
- 5) IF CONSTRUCTION, PROVIDE DETAIL DRAWINGS OF THE PROPOSED PROJECT
- 6) ANY SUPPORT LETTERS AS MAY BE APPROPRIATE (MAXIMUM OF THREE)

**ALL INQUIRES SHOULD BE ADDRESSED TO THE FOLLOWING:**

LOUISIANA RURAL HEALTH SERVICES CORPORATION

1302 J. W. Davis Drive

HAMMOND, LOUISIANA 70403

TELEPHONE: (225)925-2490 FAX: (225)925-1370 EMAIL: [lhscrrb@i-55.com](mailto:lhscrrb@i-55.com) or [lhscmac@i-55.com](mailto:lhscmac@i-55.com)