



LOW INTEREST LOAN APPLICATION
Page 1 of 2

Amount Requested: \$ _____

Fire Department: _____ Federal Tax ID # _____
Address: _____ City: _____ Zip Code: _____ - _____
County: _____ Contact Person: _____ Phone: (____) ____ - _____
Population: _____ Square Miles: _____ Years of Operation # _____ Total Runs Per Year: _____
Total Number of household, _____ Commercial, _____ and Industrial structures _____ in your area.
Do you respond to First Alarm EMS calls? Yes: _____ No: _____ If so, total per year: # _____

Current Assets: (Attach a list of major equipment, vehicles owned, year of apparatus, and the year purchased by your FD.)

Present Property Status: Own: ____ Rent: ____ Monthly Payment: \$ _____ Year Built: _____
Landlord/Mortgage Holder: _____ Est. Value: \$ _____

Income: List sources and amount of annual income. (List any additional entries to the back of this form.)

- 1. _____ Annual Amount: \$ _____
- 2. _____ Annual Amount: \$ _____
- 3. _____ Annual Amount: \$ _____

Disclose all bank accounts

FINANCIAL INSTITUTION:	ACCOUNTS #:	BALANCE:	PAYMENT:
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____

Current obligated expenses: (If none, list places you have had credit.)

CREDITOR:	ACCOUNTS #:	BALANCE:	PAYMENT:
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____

COPIES OF BANK STATEMENTS FOR THE LAST 12 MONTHS MUST BE SUBMITTED WITH APPLICATION

The undersigned is the authorized agent of the _____ Volunter Fire Department and, as such does hereby state that the above information is submitted for the purpose of obtaining a loan, and is certified to be true, complete and correct. This is a complete list of our debts. We agree to abide by the Commissions's terms and conditions as set forth in 739 KRS 2:070 and authorize the Commissions to check our credit history and to answer any and all questions pertaining to the credit or income of the Fire Department. It is understood that the property purchased with this loan will not be used for any illegal or restricted purpose and the applicant could be prosecuted under state law for knowing making any false statement or any untruth of the facts stated above. False information will cause the loan to be requested in full or disqualified.

Authorized Agent _____ Date _____



Commission on
Fire Protection,
Personnel, Standards
and Education

FPPSE- 2

(REVISED 11/04/04)

300 NORTH MAIN STREET, VERSAILLES, KY 40383

1 -800-782-6823 FAX (859) 256-3125

LOW INTEREST LOAN APPLICATION

Page 2 of 2

GIVE DESCRIPTION OF THE PURPOSE OF THIS LOAN

If additional space is needed attach another sheet of paper.

APPARATUS _____

Make _____ Year _____ Model _____

GPM of Pump _____ Capacity of Booster Tank _____

Brand of Pump _____ Date of Last Pump Test _____

List other equipment included with the apparatus: _____

MANDATORY FOR THE PROCESSING OF LOAN: Attach a copy of the latest pump test.

BUILDING _____ New _____ Addition _____ Remodel _____

Dimension _____ X _____ Type of Material _____

Give Description _____

OTHER PURPOSES

Give Description _____
