

# Microloan Program Application

Complete this form  
and return to:

**Oregon Employer Council**  
**875 Union St NE**  
**Salem, OR 97311**

(503) 947-1305 phone  
(503) 947-1309 fax  
[greg.e.ivers@state.or.us](mailto:greg.e.ivers@state.or.us)

## COUNCIL INFORMATION

Name of entity requesting loan \_\_\_\_\_

Contact person(s) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## LOAN INFORMATION

Loan amount requested \$ \_\_\_\_\_ Date needed \_\_\_\_\_

Requested term \_\_\_\_\_ Requested interest rate \_\_\_\_\_

Name (if different from above) \_\_\_\_\_

Business address (if different than above) \_\_\_\_\_

Loan will be used for what activity/plan? (use more space if needed)

Do you plan to contribute or use any other sources of funding for this project?

When do you plan to repay the loan? \_\_\_\_\_

## AUTHORIZATION OF REQUEST

I understand that by signing this form I am requesting a microloan from the Oregon Employer Council. OEC may use the information provided in this application and any included exhibits to evaluate eligibility for an OEC microloan. I am aware that OEC may request additional information in order to make a decision regarding this request. I authorize OEC to make inquiries it deems necessary to verify the accuracy of the information provided in order to grant or deny this request.

\_\_\_\_\_  
SIGNATURE OF COUNCIL REPRESENTATIVE

\_\_\_\_\_  
DATE