

The Ossining Micro Fund  
PO Box 4010  
Ossining, NY 10562  
347-746-9446  
ossiningmicrofund.org ■ ossiningmicrofund@gmail.com



**LOAN APPLICATION**

The Ossining Micro Fund is designed to offer small interest-free loans to individuals, families and small businesses who encounter unexpected financial obstacles. It is based on trust and a “pay it forward” concept. Our mission is to help recipients overcome hurdles, enabling them to continue life in an upwardly mobile direction. The Ossining Micro Fund is a non-profit 501(c)3 organization.

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (M) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CURRENT EMPLOYER (if applicable) \_\_\_\_\_

PARTNERING AGENCY \_\_\_\_\_

CONTACT PERSON AT PARTNERING AGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

TRANSLATOR \_\_\_\_\_ PHONE \_\_\_\_\_

**IMPORTANT:**  
Loan applicants should **fill out and attach** the budget worksheet!

1. Amount requested \$ \_\_\_\_\_
2. Describe exactly what the funds will be used for; attach a professional estimate of services if appropriate.  
\_\_\_\_\_  
\_\_\_\_\_
3. What is your expected source of income? \_\_\_\_\_
4. Based on your budget worksheet, how much could you repay monthly? \$ \_\_\_\_\_  
*(Actual monthly repayment will be determined later – loans should be completely paid off in two years.)*
5. Please provide the names, phone numbers and/or email addresses for two references.
  1. \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL Addr \_\_\_\_\_
  2. \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL Addr \_\_\_\_\_

Thank you for giving us this information. We will contact you shortly about your loan application.

Date Application was received by Loan Committee member \_\_\_\_\_