

# APPLICATION

NAME OF BORROWING ENTITY

MAILING ADDRESS

CITY

STATE

ZIP

FEDERAL TAX IDENTIFICATION #

CONTACT PERSON

CONTACT TELEPHONE #

CONTACT ADDITIONAL TELEPHONE #

CONTACT FAX #

CONTACT E-MAIL

AMOUNT OF FUNDS REQUESTED

REQUESTED FUNDING DATE

BRIEF DESCRIPTION OF REASON FOR BORROWING

REQUESTED AMORTIZATION PERIOD (*please check*):

5 YEARS     10 YEARS     15 YEARS     20 YEARS     25 YEARS     30 YEARS

REQUESTED PAYMENT DATES (*please check*):

JAN/JUL     FEB/AUG     MAR/SEP     APR/OCT     MAY/NOV     JUN/DEC

You may submit this application electronically to [johnhall@taud.org](mailto:johnhall@taud.org)  
or via the mail (Attn: John Hall) using the address below.

*Please also send five years of audited financial statements with your application.*



**Flexible Finance Program**  
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Murfreesboro, TN 37133

**John Hall**  
931.607.1014  
[johnhall@taud.org](mailto:johnhall@taud.org)