

City of Lengby
PO Box 55
Lengby, MN 56651-0055
218-668-2219

**Loan Application—Rehabilitation Funds
Funded by: Small Cities Block Grant**

Date: _____, 20__

Applicant: _____

Physical Address: _____

Amount requested: \$ _____.

Property Type: _____

Property Address: _____

Use of Proceeds: _____

Estimated Project Cost: \$ _____.

Requested Terms of Loan: **Number of Installments:** _____
Interest Rate: _____
Payment Amount: _____
Final Payment: _____

The City of Lengby can and will assess a penalty of \$ _____ a month if in default of payment of more than _____ days.

Approved: _____ **Denied:** _____ **Date:** _____

First: _____ **Second:** _____ **All in Favor:** _____

Reason for Denial: _____

_____.

Signature Page:

Applicant

Date

City Council Member (1)

Date

City Council Member (2)

Date

City Clerk

Date