



Lender Application

(Participating Lenders must have a brick and mortar location within the State of Arkansas)

Applicant Information

Company Name: _____ Date: _____

Address: _____
Street Address

City State ZIP Code

Contact Person: _____ Email _____

Phone Number: _____ Tax-ID: _____

Are you a registered with Sam.gov? YES NO

Have you ever worked with the City of Little Rock? YES NO If yes, when? _____

Are you registered with ADFA (Arkansas Development Finance Authority)? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

In the event that this application is approved, please understand that false or misleading information will result in immediate dismissal from participation.

Signature: _____ Date: _____