

# STATE OF ALASKA

## DEPARTMENT OF NATURAL RESOURCES

### DIVISION OF AGRICULTURE AGRICULTURAL REVOLVING LOAN FUND

CENTRAL OFFICE  
1800 GLENN HIGHWAY, SUITE 12  
PALMER, ALASKA 99645  
PHONE: 907-745-7200  
FAX: 907-745-7242

Applicant \_\_\_\_\_

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

CHECKING ACCOUNT	BALANCE	DATE ACCOUNT OPENED	OTHER
	\$		
SAVINGS ACCOUNT			
	\$		

SECURED LOANS	DATE	ORIGINAL BALANCE	PAYMENTS	CURRENT BALANCE
		\$	\$	\$
UNSECURED LOANS				
		\$	\$	\$

The undersigned hereby authorizes any institution to release credit/financial/employment information to the State of Alaska/ARLF. **All signatures must be signed in ink.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

.....

### BANK VERIFICATION OF FINANCIAL INFORMATION (For Bank Use Only)

The information provided above is essentially correct as of this date and accurately reflects the individual's financial dealings with this institution.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_