**Small Dollar/Tax Sale Loan Referral Form**

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| --- | --- | --- | --- |
| **NHS Point of Contact** | | | |
| **NAME** |  | **Date Submitted** |  |
| **EMAIL** |  | **PHONE** |  |
| **Type of Loan** |  | **Loan Amount Requested** |  |
| **Referral Comments** | | | |
|  | | | |
|  |  |  |  |
|  |  |  |  |
| **Borrower Contact Information** | | | |
| **Borrower Name** |  | **Co-Borrower Name** |  |
| **Phone** |  | **Phone** |  |
| **Email** |  | **Email** |  |
| **Address** |  | **Address** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Other Contact Information** | |  | |
| **Name** |  |  |  |
| **Phone** |  | **Email** |  |

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