Application for Municipal Financing

Municipality Information					
Legal Name of Borrower (Applicant)					
Address	City		State	Zip	
Phone Number	Federal ID Number		Web Address	(if applicable)	
Person(s) to Contact for Clar	ification Regarding Project				
Toroni(o) to contact for ciar	out.on Hogarama Froject				
Name	Title		Phone		
Email			Fax		
Name	Title		Phone		
Name	Title		Thone		
Email			Fax		
Obligations / Economics					
Obligations / Economics					
Are the Applicant's obligations bank qualified? Bank Qualified \(\bigcap \) Non-Bank Qualified \(\bigcap \)					
Please list the Applicant's current underlying bond rating from the rating agencies listed below (if applicable):					
Moody's Investor Service	Standard & Poor's	Fitch			
Discuss the Applicant's economic tre	nds (stable, positive, negative) and reasons for	any variation.		_	
Has the Applicant ever defaulted or no	n-appropriated on an obligation? Yes 🔲 No [
If Yes , please explain					
Educational Applicants Only					
Enrollment:	Enrolln	nent Trend: Increasing	Decreasing		
Please also answer the above question	n regarding the resident city	ione menu. mereasing	Decircasing [
If Decreasing , please explain					
Elementon	Middle: Ligh S	shool:	Othor		

Elementary: Middle: High School How many schools make up the district (please list the number and type of each school)?

Essential Use Form

Description of Equipment Purchase					
Purchase Description (please be specific and attach any applicable Equipment lists or invoices available)					
Estimated Equipment Delivery Date					
Is the Equipment replacing existing Equipment? Yes No					
If Yes, please state how long you have currently used the Equipment and the reason you are replacing the Equipment					
If Yes , what will the Applicant do with the old Equipment that is being replaced?					
If No. please state the reason additi	onal Equipment is needed				
If No , please state the reason additional Equipment is needed					
If Yes , when was a Resolution passe	ed?				
Payments and Insurance					
Will the payments be made from Appl	icant's General Fund? Yes \(\square\) No \(\square\)				
If No. from which Special Fund will the payments be made?					
Is this transaction being paid for by a government entity? Yes No No					
Will any Federal Grant or Loan monies be used? Yes ☐ No ☐					
If Yes , please describe					
Insurance information					
Liability Coverage Property Damage Coverage Deductible					
Liability Goverage	Troperty Damage Coverage	3e Deductible			
Terms and Conditions					
		.C, its successors, transferees and assigns ("Creditor") to make inquiry in er creditors which Creditor deems relevant for the potential granting of			
proposed borrowing. This authorization shall be effective from the date upon which this agreement is signed and is extinguished automatically upon full					
		elling dealer ("Dealer") to make inquiry into, to request, and to receive obtaining a credit report and contacting any current or former creditors			
Borrower(s) to verify any information contained herein or received in connection with this application, which Creditor and/or Dealer deems relevant to the					
possible extension of credit to Borrower(s) ("Information"). I also grant any such creditors permission to release Information to Creditor and/or Dealer. I authorize Creditor to disclose Information to any of its affiliates, assigns or agents.					
Total Cost of Equipment	Down Payment	Amount to Finance			
Terms (in years)	Frequency (choose one): Annual	Semi-Annual ☐ Quarterly ☐ Monthly ☐			
ronno (in yearo)	Trequency (choose one). Annual	Semi-Annual Quarterly Monthly			
	·				
Equipment Delivery Date	Remittance (choose one): Advance	Arrears			
Applicable Signature					
Title	Date				

References

References (applicable on transactions less than \$500,000) **Bank Information** Bank Name Contact Name Phone Number Account Number Bank Name Contact Name Phone Number Account Number **Creditor Information** Name Contact Name Phone Number Account Number Name Contact Name

Phone Number

Account Number