



620 E Adams St., Third Floor
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POOLED TAX ANTICIPATION WARRANT PROGRAM

Application for Local Government Agencies

Note: Application due dates vary based on the date funds are needed by local government agencies. To ensure timely processing, applications should be submitted to IFA as soon as short-term (13 months or less) borrowing needs are identified. For information regarding due dates and processing, contact Nona Myers at 217/782-5792, nmyers@il-fa.com.

Please complete all questions. If not applicable, write N/A. Attach additional sheets if necessary.

Agency Name: _____

Federal Tax Identification Number: _____

County or Counties in which Located: _____

Tax Cap: YES NO

Address: _____

City: _____ State: _____ Zip (9 digit): _____ - _____

Name of Contact Person: _____

Title: _____ Phone: _____

FAX: _____ E-Mail: _____

Month/Dates/Time of upcoming board meetings (next 3 months):

Month			
Date			
Time			
Meeting Location			

Approximate amount of funds needed? \$ _____ Projected date funds needed? _____

What date does the Agency expect to pay the tax warrants being issued? _____

List the source of funds for repayment, e.g. property tax, sales tax, personal property replacement, etc.:

BORROWING HISTORY

1. Complete the following for Tax Anticipation Warrants issued in prior years. If none, write "NONE" as applicable.

<u>Fiscal Year-End</u>	<u>Amount Issued in Fiscal Year</u>	<u>Amount Outstanding at end of Fiscal Year</u>	<u>Amount Outstanding as of this Application Date</u>	<u>Mature on</u>	<u>Borrowing Source</u>
2004	\$ _____	\$ _____	\$ _____	_____	_____
2003	_____	_____	_____	_____	_____
2002	_____	_____	_____	_____	_____
TOTAL OUTSTANDING			\$ _____		

2.a) Does the Agency expect to issue more than \$5,000,000 in tax exempt obligations in calendar year 2005?

YES NO

b) If yes, please describe the nature and amount of each of these expected financings other than the Warrants to be sold to the Illinois Finance Authority: (If necessary, attach additional pages.)

c) Is there any pending or anticipated litigation against the local government unit? If yes, please explain.

3. Has the Agency defaulted in the payment of any debt obligation? If yes, attach an explanation.

YES NO

4. **Additional financial information required as part of this application or under separate cover:**

1. Audit or Annual Report for Fiscal Year 2004 (if unavailable, then audited numbers)
2. Certificate of Tax Levy (2004) signed by all parties
3. Agencies in tax capped counties: Certificate of Compliance with the Truth in Taxation Act for the 2004 Tax Levy
4. Fiscal Year 2005-6 cash flow projections for only those funds the Agency anticipates borrowing against, if available (extended through December 31, 2006)
5. Fiscal Year 2005 Budget (or most current budget)
6. Monthly Treasurer's Reports – starting with July 1, 2003 through the current Fiscal Year to date (prepared for county board meetings)

I hereby certify that, to the best of my knowledge, all information on this Application is true and complete.

Note: Board action is not required for application submittal.

Signature: _____

Date: _____

Thank you for your application. IFA will send an acknowledgement upon receipt.

**Please Fax Applications to:
217.782.3989**

Illinois Finance Authority
Attention: Nona Myers
nmyers@il-fa.com

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