****

Thank you for your application.

If you have questions, please

contact an IFA Funding Manager.

Office locations listed below.

**ILLINOIS FINANCE AUTHORITY**

**APPLICATION FOR**

**QUALIFIED ENERGY CONSERVATION BOND FINANCING**

**(GOVERNMENTAL PROJECTS)**

**APPLICATION # \_\_\_\_\_\_\_\_\_\_\_**

**1. Legal Name of Applicant / Governmental Unit and Contacts: (Attach Sheet if more space required)**

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

Name Address

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

City (Must be in Illinois) Zip Code (9 Digit) County

**Districts:** U.S. Congressional \_\_\_\_\_\_\_\_\_\_\_ IL House \_\_\_\_\_\_\_\_\_\_\_ IL Senate \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

Name Village President Telephone Number Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

Name Village Treasurer Telephone Number Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

Name Village Clerk Telephone Number Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

Name of Village Counsel Firm Telephone Number Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

CPA for the Village Firm Telephone Number Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

Name of Village Bond Counsel Firm Telephone Number Email Address

**2. Type of Government:** Describe Applicant’s governing structure. Check if, Home Rule

**3. Proposed Project Name, Location & Project Contact:**

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

Proposed Name of the Project Street Address, City / Location of Project

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

City (Must be in Illinois) Zip Code (9 Digit) Email for Contact Person

Contact Person / Title Firm Phone

1. **Type of Bond Financing: *(Check One)***  General Obligation

Alternate Revenue (Revenue Supported, Non-Referendum GO)

Revenue

Private Placement / Bank Direct Purchase

**5. Requested Amount of QECB Bonds to be issued: $**

**6. Amount of QECB Volume Cap to be allocated by resolution to project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Locality (s) willing to allocate Volume Cap to project: \_**

Name of Governmental Unit Amount VC to allocate

**8. Project:**

**A) Project Description:** Briefly describe all elements of the proposed project, including land acquisition, building construction, acquisition and/or renovation, equipment purchases and installation, etc. Give the estimated project time frame (project commencement and completion dates). Attach project estimates.

Please refer to § 14.01-54D of the Internal Revenue Code: for definitions, use of proceeds, eligibility, etc. of Qualified Energy Conservation Bonds & Qualified Conservation Purpose.

**B)** “**Qualifying” Purpose**: Describe the nature, need and function of the project and its expected benefit / impact:

**9. Facility Financing: Does the facility possess all licenses and permits for current operations? Yes**

**If no, please explain. No**

**10. Is any part of the facility to be used by another public or private entity?** No Yes

**If yes, please explain.**

**11. Has an environmental study been performed on the site of the subject facility?** NoYes

**Please explain if there any environmental risks known to the local government unit?**

**12. Provide Contact information of architect, engineer and/or general contractor, as applicable.**

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

**Architect (Company) Contact Person, Title**

**(**\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Email Address**

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

**Engineer/General Contractor (Company) Contact Person, Title**

**(\_\_\_\_)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Email Address**

**13. Project Costs: Please provide a sources and uses of funds statement.**

**Sources**

**IFA Bond Financing $**

**Bank Financing $ Other $ TOTAL SOURCES $ Uses**

**Land and Site Improvement $ Construction/Renovation $**

**Equipment $**

**Working Capital $ Cost of Issuance\* (Estimate 5%\* of Bond Amount) $**

**TOTAL USES $**

**Approximate date funds are needed (explain)**

**14. Federal & State Funding Sources and Contractual Agreements:**

**Please describe below any Federal or State Funding Sources that the corporation receives:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Funding Agency |  | Funding Type |  | Certification Status |  | Total Amount Provided (Annually) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Also, please describe any Federal or State Contractual Agreements (i.e. State Contracts):**

**15. Debt Summary: Summarize all debts obligations outstanding as of the date of application, including leases,**

**installment purchases, short-term borrowings, and long-term debt.**

**>> Please provide the Debt Service Schedules, as applicable for each obligation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose of Debt | Current Principal Outstanding | Original Amount Borrowed | *Specific Revenues Source(s) Used For Repayment* | Final Maturity |
|  | $ | $ |  | / / 20 |
|  | $ | $ |  | / / 20 |
|  | $ | $ |  | / / 20 |
|  | $ | $ |  | / / 20 |

**TOTAL**  $

**16. Finances:** Describe Applicant’s current financial condition. Comment on actions being taken to overcome any adverse trends or problems. Describe sources of revenue to be pledged for debt repayment. (Attached additional sheets if necessary).

**17. Unissued Debt:** Does the local government have any authorized but unissued debt? No  Yes

**If yes, please explain.**

**18. Defaulted Debt:** Has the local government unit been delinquent or defaulted on any debt obligation within the last ten years?

No  Yes  **If yes, please explain.**

**19. Litigation:** Is there any pending or anticipated litigation against the local governmental unit?

No  Yes  **If yes, please explain.**

**20. Contingent Liabilities:** Are there any contingent liabilities not disclosed in the financial statements?

No  Yes  **If yes, please identify.**

**21. Liability Insurance:** Amount of comprehensive, general and auto liability insurance per occurrence.

**22. Economic: Describe applicant’s geographic size and location, population and wealth level trends, and local economic base.**

**Population: 1990: 2000: Current Estimate** (if census info is not available)

**23. Wealth Levels:**

**Median Home Value 1990 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2000 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2005 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Per Capita Income 1990 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2000 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2005 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**24. Economic Base:**

**Major Employers No. of Employees**

**1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**25. Equalized Assessed Valuation (EAV): (For previous 5 years)**

**Summary of Applicant’s Assessed Value (AV)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Levy  Year | Collection  Year | Fair Market Value | Equalized Assessed  Value | Industrial  Assessment | Railroad  And Farm | Total AV | Equalized  Assessed  Value |
|  |  |  |  |  |  |  |  |
| 20\_\_\_\_ | 20\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |
| 20\_\_\_\_ | 20\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |
| 20\_\_\_\_ | 20\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |
| 20\_\_\_\_ | 20\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |
| 20\_\_\_\_ | 20\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |

**Comment on any decrease in assessed value (e.g., multiplier effect, business relocation, abandoned property).**

**26. Major Taxpayers:** (For most recent available year)

NAME BUSINESS AV

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**27. Property Tax Rates (per $100 of EAV), by fund, for the previous five levy years:**

Please identify with an (\*) all rates which are currently at their legal limit or which are expected to be at their legal limit in the coming year.

LEVY YEARS

Tax Rates by Fund

20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_

Corporate Fund\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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

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

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

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

TOTAL RATE LEVIED \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**28. Legal Debt Margin (as of the date of application, excluding the subject bond financing request.**

1. EQUALIZED Assessed Valuation for 20\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Statutory debt limitation ( \_\_\_\_\_\_\_\_\_\_\_\_% of EAV) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. List applicable outstanding debt below:

Amount Purpose / Repayment Source / Pledged Fund(s)

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Subtotal ©* $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Remaining Debt Limit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**29. Applicant’s State Revenues:**

Please check all State Revenues that the Applicant ***may consider pledging*** as additional revenue to secure payment of the proposed Bond Issue

**State Revenue:**  **Fiscal Year**: (Most Recent Fiscal Year) **Possible Additional Revenue Pledge**:

IL State Income Tax $

IL State Sales Tax $

IL State Use Tax $

Personal Property, Replacement Tax $

Motor Vehicle Fuel Tax (Restricted Use) $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

**For Water and/or Sewer Project, please complete the following:**

**30.** Are revenues from the water and sewer systems combined? Yes  No

A. Which System Revenue Fund will we pledged to repay the Bonds? ***Specify:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Will the Applicant be pledging any additional Revenues (i.e.: State Aid payments, IL State Income, Sales, TIF revenues) to further secure Bond Repayment? ***Specify:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**31.** Is the system in compliance with regulatory requirements? Yes  No

**32.** Is the system under any Federal or State mandate or court order? Yes  No

If yes, please attach a copy of the mandate or court order.

**33.** Please provide a map or describe the general geographic area of the district or service area:

**34.** Number of Connections for last five years: Total Billed Consumption or Volume (gallons):

20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are these numbers expected to increase after completion of the project? Yes  No

**35. Water and/or sewer rates for last five years:**

Year Water and/or Sewer Rate Effective Dates

20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Is a rate increase being contemplated?*** Yes  No

If yes, please describe: (New Rate and Effective Date of increase)

New Water and/or Sewer Rate Effective Date(s)

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

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

Have any rate requests been denied? Yes  No

**36.** Current User Mix: \_\_\_\_\_\_\_ % Residential \_\_\_\_\_\_\_% Commercial (Specify rate if different from Residential)

**37.** System Load: In gallons per day

Capacity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Average \_\_\_\_\_\_\_\_\_\_\_\_ Peak Demand \_\_\_\_\_\_\_\_\_\_\_

**38.** Identify the five largest water and/or sewer system users and their annual revenue contributions:

Users Annual Revenue

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Required Items:**

**1. Signed original application form.**

**2. Three years of audited financial statements and current year budget.**

**3. $1,500 application fee payable to “Illinois Finance Authority.”**

Applicant hereby certifies that all information contained above and in exhibits attached hereto are true to his/her best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the Illinois Finance Authority.

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone** (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**

**Fax** (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidential Information**

If any personal or company information provided above (or attached) is considered private and confidential information, please indicate on the appropriate section.

**Thank you for your application**

Please return your application submission with the required application fee to

Illinois Finance Authority at an office location noted below.

**Please return completed application form (and attachments) to an Illinois Finance Authority office below:**

*Mt. Vernon 2929 Broadway, Suite 7B, Mt. Vernon, IL 62864 618.244.2424 618.244.2433 fax*

*Springfield 500 E. Monroe St., 3rd Floor, Springfield, IL 62701 217.782.5792 217.782.3989 fax*

[*www.il-fa.com*](http://www.il-fa.com) *TTY: 1.800.526.0844 | VOICE : 1.800.526.0857*

**Offices of the Illinois Finance Authority**

*Chicago 160 N. LaSalle St. Suite S-10000, Chicago, IL 60601*

*Mailing Address: P.O. Box 641249, Chicago, IL 60664 312.651.1300 312.651.1350 fax*