



# APPLICATION FOR FINANCING

(Please type or print)

Date: \_\_\_\_\_

## I. DISTRICT INFORMATION

Legal Name of District: \_\_\_\_\_

Street Address: \_\_\_\_\_

Tax Identification #: \_\_\_\_\_ County(ies): \_\_\_\_\_

Superintendent: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax \_\_\_\_\_

Day of Month and Time of Regularly Scheduled Board Meetings: \_\_\_\_\_

District Population: \_\_\_\_\_

## II. EQUIPMENT / PROJECT INFORMATION

Equipment / Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Delivery / Completion Date: \_\_\_\_\_

Complete the following for each contract to be financed:

Desired Term: \_\_\_\_\_ Desired Term: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Down Payment: ( \_\_\_\_\_ ) Down Payment: ( \_\_\_\_\_ )

Amount to be Received: \_\_\_\_\_ Amount to be Received \_\_\_\_\_

Desired Funding Date: \_\_\_\_\_ Desired Funding Date: \_\_\_\_\_

Has the District already made expenditures for which it expects to be reimbursed from the proceeds of this financing?

Yes  No

If yes, please contact Ann Sherman of K&L Gates LLP immediately at 503-228-3200.

## III. FINANCIAL INFORMATION

Has the District received any other financing (TANs, Leases, COPs, bonds, etc.) during this calendar year?

Yes  No

If yes, list all types and dollar amounts

Type	Dollar Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please list any tax-exempt financings anticipated within the remainder of this calendar year and during the next two calendar years:

Type	Dollar Amount
_____	\$ _____
_____	\$ _____

Has the District even defaulted in payment on any of its debt obligations?

Yes       No

Does the District have a Board-approved Investment Policy:

Yes       No

#### IV. REFINANCING INFORMATION

*District must forward copy of existing Lease and Debt Service Schedule before participation may be considered.*

Type of property originally financed: \_\_\_\_\_

Date of Agreement: \_\_\_\_\_

Original Term: \_\_\_\_\_

Next Date Payable: \_\_\_\_\_

Original Maturity Date: \_\_\_\_\_

Amount Outstanding: \$ \_\_\_\_\_

As of (date): \_\_\_\_\_

Prepayment Price: \$ \_\_\_\_\_

Desired Maturity: \_\_\_\_\_

Name of Original Lessor: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

#### V. ATTACHMENTS

*All attachments must accompany this completed application before participation may be considered.*

- Summary and Amount of Outstanding Voted and Non-voted Debt
- Current Adopted Budget Summary
- Last Three Year's Audited Financial Reports
- District's Investment Policy, if applicable

#### VI. SIGNATURE

This application was completed and verified by:

\_\_\_\_\_

Authorized Representative

**Completed Application and Attachments should be directed to:**



Carol Samuels  
csamuels@snwsc.com  
Seattle-Northwest Securities Corporation  
1000 SW Broadway, Suite 1800  
Portland, OR 97205  
Phone: 503.275.8301 Fax: 503.275.8320