

Legal Name of Lessee (Applicant)	Tax ID #	Web address (if, applicable)	
Address	City	State	Zip

**Person(s) to Contact for Clarification Regarding Project**

Name	Title	Phone
Name	Title	Phone
Email	Fax	

**Obligations / Economics**

Bank Qualified  Non-Bank Qualified   
 Are the Applicant's obligations bank qualified (i.e., expected to issue less than \$10 Million in tax-exempt financing this calendar year)?

Moody's Investors Service: \_\_\_\_\_ Standard & Poor's: \_\_\_\_\_ Fitch: \_\_\_\_\_  
 Please list the Applicant's current underlying bond rating from the rating agencies listed above (if applicable)

Discuss the Applicant's economic trends (stable, positive, negative) and reasons for any variation

Yes  No   
 Has the Applicant ever defaulted or non-appropriated on an obligation?

**If Yes,**  
 Please explain

**Demographic Information**

**Please provide the following demographic information (please attach any applicable demographic statistics)**

Approx square mile	Population	Increasing or Decreasing Population?
Cities, Towns and Counties		

**If Decreasing,**  
 Please explain

**Educational Applicants Only**

Enrollment	Increasing or Decreasing Enrollment?
Please also answer the above question regarding the resident city	

**If Decreasing,**  
 Please explain

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

Purchase Description (please be **specific** and attach any applicable equipment lists or invoices available)

Est. Equipment Delivery Date

Yes  No

Is the Equipment replacing existing equipment?

**If Yes.**

Please state how long you have currently used the Equipment **and** the reason you are replacing the Equipment

What will the Applicant do with the old equipment that is being replaced?

**If No.**

Please state the reason additional equipment is needed

What will the Applicant do with the old equipment that is being replaced?

**Please describe in detail the following (please be specific)**

What will the Equipment be used for?

Describe the essential nature of the equipment financed

List the specific department that will be the primary user of the Equipment

### Lease Payments

Yes  No

Will the lease payments be made from Applicant's General Fund?

**If No.**

From which Special Fund will the lease payments be made?

Yes  No

Will any federal grant or loan monies be used? If so, please describe

Yes  No

Has the first payment been appropriated?

### Terms and Conditions

Total Cost of Equipment

Advance payment

Amount to Finance

Term (in years)

Annual  Semi-Annual  Quarterly  Monthly   
Frequency (choose one):

Advance  Arrears   
Remittance (choose one):

Equipment Delivery Date

Insurance Company Name or indicate Self Insured

Amount of Liability Insurance

Amount of Property Damage Insurance

The undersigned hereby certifies that all the information in the above Application for Equipment Lease and Essential Use Form is true, complete and correct. Failure to consummate this transaction once credit approval is granted and the lease documents are drafted and delivered to the Lessee will result in a processing fee being assessed to the Lessee up to the amount of 1% of the Amount to Finance. This fee will NOT be charged if the transaction is funded by Providence Capital Network, LLC as agreed.

Applicable Signature

Title

Date