



LEASE APPLICATION

Kentucky Association of Counties Leasing Trust Program
380 Kings Daughters Drive
Frankfort, Kentucky 40601
(800) 264-5226
(502) 875-7262 Fax

NON-COUNTY APPLICANT INFORMATION (CONSTRUCTION)

1. Agency Name: _____
2. Mailing Address: _____

3. E-Mail Address: _____ Employer ID#: _____
4. Telephone Number: _____ Fax Number: _____
5. Contact Person(s): _____
Name & Title of Person Executing Closing Documents: _____
Name and Title of Person Attesting the Above Signature: _____
6. Name, Address, Telephone & Facsimile and E-mail address of Agency's Attorney: _____

7. Agency's Accounting Year: Calendar _____ Fiscal _____
8. Agency derives its revenues through:

Taxation (Provide current 5-year history of tax rate and dollar amount and type of property subject to the tax on separate sheet).

Fees charged for goods or services (Provide current 5-year history of rate schedule and of the numbers and types of customers on separate sheet of paper. If possible, also list your 10 largest customers and percentage of total revenues for which each accounts).

9. Net Assessed Value of All Real Property in the District: \$ _____

NON-COUNTY APPLICANT INFORMATION (continued)

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Agency Name: _____

10. Has your Agency issued any bonds or incurred any indebtedness within the last 18 months? YES _____ NO _____

(If yes, please include on Attachment A, listing for each Obligation the initial principal amount of the obligation, total amount to be paid during current fiscal year and principal amount outstanding at the beginning of current fiscal year).

11. Does the Agency plan to issue any bonds or leases this Calendar year? YES _____ NO _____

(If yes, on a separate sheet of paper please list the need, date, amount and purpose).

Please attach explanations for any "YES" answers to the following questions

12. Will any proceeds from this lease be used directly or indirectly, by a person other than a state or local government unit? YES _____ NO _____

13. Will property used or to be used in a private business be pledged as security for this lease? YES _____ NO _____

14. Will payments made with respect to property or borrowed money used or to be used in a private business be used in making lease payments? YES _____ NO _____

15. Will lease proceeds be loaned directly or indirectly to nongovernmental persons or used by such persons for purposes unrelated to the Project? YES _____ NO _____

16. Will the Project be used for purposes other than performance of one or more lawful governmental functions of the Agency? YES _____ NO _____

17. Has the Agency defaulted in the payment of any obligation on which it was or is the primary obligor? YES _____ NO _____

18. Has the Agency ever applied to the State Local Finance Officer for Approval to issue bonds? YES _____ NO _____

19. What is the useful life of this Project: _____?

Will the term of this lease exceed the useful economic life of the Project to be funded with this lease? YES _____ NO _____

20. Is the Project covered by this lease necessary for the provision of the essential and ongoing services by your Agency? YES _____ NO _____

NON-COUNTY APPLICANT INFORMATION (continued)

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Agency Name: _____

21. Is your Agency required to submit annual reports to a State Agency? YES _____ NO _____
(If yes, provide copies of last 5 such reports).

22. Does the Agency have any outstanding financial obligations in the form of loans, bonds, notes, equipment leases or payments to Public Properties Corporation? YES _____ NO _____

(If yes, please include on Attachment A, listing for each Obligation the initial principal amount of the obligation, total amount to be paid during current fiscal year and principal amount outstanding at the beginning of current fiscal year.)

23. Estimated growth rate for the next 5 years (based on past history and expected future changes):

	<u>Total Budget Revenues</u>	<u>Total Budget Expenditures</u>
Year 1	_____%	_____%
Year 2	_____%	_____%
Year 3	_____%	_____%
Year 4	_____%	_____%
Year 5	_____%	_____%

24. Anticipated Lease Term: _____ months

25. Preferred Financing Type: Fixed Rate _____ Variable Rate _____

NON-COUNTY APPLICANT INFORMATION (continued)

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Agency Name: _____

26. Project Breakdown (list major cost components for this project, e.g. construction, renovation, professional fees, land or equipment acquisition, etc., or attach Engineer/Architect Cost Estimate or Feasibility Study.)

<u>Component</u>	<u>Description</u>	<u>Cost</u>
1.		
2.		
3.		
4.		
5.		
6.		
Total Cost of Project:		
Total Amount Requested From Colt:		

27. If Total Project Cost is not being requested from CoLT, please provide the following:

<u>Source of Additional Funds</u>	<u>Amount</u>	<u>Status of Funding</u>

28. Will land, buildings or real estate be Acquired as part of this Component? YES _____ NO _____

NON-COUNTY APPLICANT INFORMATION (continued)

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Agency Name: _____

29. Will currently owned land, buildings or real estate be used in this Component? YES _____ NO _____

If yes to either question, please supply the following information about the property:

Please attach a copy of the deed to this application.

Street Address of Property:

General Description of Property:

Encumbrances (if none, so state)

30. Does the Agency/District have the ability to levy and collect taxes? Yes _____ No _____

NON-COUNTY APPLICANT INFORMATION (continued)

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Agency Name: _____

ATTACHMENTS TO APPLICATION

Also, as part of the application, please include copies of the following:

- 1) Audit Reports for the last three fiscal years (Please send unbound copies, do not send original bound copies.)
- 2) The most current Fourth Quarter report as submitted to the Department of Local Government or Annual Audit Report if available.
- 3) Current Fiscal year Budget.
- 4) Articles of Incorporation for your Agency.

CERTIFICATION

The undersigned, on behalf of the Agency, hereby certifies that (1) he or she understands that this Application is an application for approval of funding under CoLT's Leasing Program (the "Program") and may be used to determine the amount of bonds to be issued to fund the Program; (2) the information contained in this Application is complete and accurate; (3) the Agency will voluntarily provide CoLT with any updates to the information in this Application should any changes occur; (4) the Agency will provide any additional information that may be requested by CoLT for purposes of processing this Application; and (5) the Agency acknowledges that this Application constitutes a written loan commitment for funding under the Program in the amount requested for the project identified in this Application. It is understood that final funding is subject to (1) approval of this application by the credit facility provider for the Program; (2) final authorization by the governing body of the Agency, which shall be given upon final approval of the credit facility provider; and (3) execution of the Program lease documents to be provided by CoLT based on the information included in this Application.

By: _____

Title: _____

**BY SIGNING THIS APPLICATION YOU
ACKNOWLEDGE THAT PARTICIPATION
IN THIS PROGRAM REQUIRES
ANNUAL AUDITS**

