APPLICATION FOR BOND ALLOCATION

Georgia Department of Community Affairs
60 Executive Park South, N.E.
Atlanta, Georgia 30329-2231

1. Issuer:

Authority Name

Address

City County State Zip Code

Contact Person Telephone

2. Borrower/User:

Name

Address

City County State Zip Code

Contact Person Telephone

3. Legal Counsel:

Name Telephone

Address

City County State Zip Code

4. Bond Counsel:

Name Telephone

Address

City County State Zip Code

5. General Project Description:

6. Allocation/Type Bond:
Allocation Requested: $_____

a. Small Issue IDB ☐
b. Exempt Facility ☐
c. Student Loan ☐
d. Multi-Family Housing ☐
e. Single-Family Housing ☐
f. Other _____ ☐

7. Employment Impact:
(If Applicable)
a. Jobs Created _____
b. Jobs Retained _____

8. Expected Closing Date:

_____

9. Total Project Cost:

a. Bond Financing _____
b. Other (specify) _____
c. Total $ 0

DCA Use:

10. Application Attachments (Check):

	DCA Use
☐ a. Evidence of Inducement Resolution	☐
☐ b. Publisher's Affidavit (TEFRA)	☐
☐ c. Public Official's Approval (TEFRA)	☐
☐ d. Opinion of Legal Counsel - State Law	☐
☐ e. Financial Commitment Letter	☐
☐ f. Job Retention Statement*	☐
☐ g. Opinion of Legal Counsel - Federal Law*	☐
☐ h. Statement of Need and Impact*	☐
☐ i. Zoning Compliance Statement	☐
☐ j. Other	☐
☐ k. $250 Application Fee	☐

*If Appropriate

11. Distribution Instructions

a. Please indicate to whom you wish a copy of the Notice of Allocation sent:
☐ Borrower ☐ Legal Counsel ☐ Bond Counsel

b. Method of Delivery:
☐ Mail ☐ Pick-up (Notify Below)

Name Telephone

Overnight Mail Acct # _____

Complete Address

12. Borrower/Issuer Certification: The information contained in this Application for Bond Allocation and related attachments is understood to be true and accurate.

Signature (Borrower)

Title

Date

Signature (Issuer)

Title

Date

For DCA Use Only:

Receipt _____ Qualified _____ Approved _____

_____ Amount $ _____ Exp Date _____ Category _____