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 $ _____

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)   Signature (Issuer)

Title _____   Title _____

Date _____   Date _____

For DCA Use Only:

Receipt _____   Qualified _____   Approved _____

_____   Amount $ _____   Exp Date _____   Category _____

_____