



Recovery Zone Facility Bonds

APPLICANT INFORMATION

Borrower Name: _____

Primary Contact: _____

Title: _____

Street Address: _____

City: _____ State: CA Zip Code: _____

Telephone: _____ Fax Number: _____

E-Mail: _____

Type of Business: _____

Services Offered: _____

Date of Incorporation: _____

FINANCING INFORMATION

Total Bond Amount: \$ _____ Tax-exempt \$ _____ Taxable \$ _____

Closing Date: _____

Maturity: _____ Years Interest Rate Mode: Fixed Variable

Type of Offering: Public Offering Private Placement

Denominations: \$ _____

Type of Financing: Acquisition of Existing Facility Refunding New Construction

Credit Enhancement: None Letter of Credit
 Bond Insurance Other (specify): _____

Name of Credit Enhancement Provider or Private Placement Purchaser (if any):
 Credit Enhancement Provider: _____ Purchaser: _____

Expected Rating: S&P _____ Moody's _____ Fitch _____ Unrated

PRINCIPAL FINANCE TEAM INFORMATION

Underwriter/Placement Agent		Bond Counsel	
Contact:	_____	Contact:	_____
Firm:	_____	Firm:	_____
Telephone:	_____	Telephone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____

ADDITIONAL INFORMATION

Please provide the following additional information:

Attachment

- A Detailed applicant history.
- B Description of project or each facility to be financed or refinanced.
- C Comprehensive summary of the public benefits your organization and / or the project provides, including jobs created, retained, expansion of use, new facilities, energy conservation, etc.
- D Address of each facility to be financed or refinanced.
- E Financial statements for last complete fiscal year.
- F Project Costs (Estimated Sources and Uses of Proceeds).
- G Interested Parties List.

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