

MAIL TO:  
Georgia Department of  
**COMMUNITY AFFAIRS**

60 Executive Park South, N.E.  
Atlanta, Georgia 30329-2231

Attention: Bond Allocation Manager

**CARRYFORWARD  
ELECTION APPLICATION**

**GEORGIA ALLOCATION SYSTEM**

**1. Issuer:**

a. \_\_\_\_\_  
Name of Authority

b. \_\_\_\_\_  
Address

c. \_\_\_\_\_  
City County State Zip Code

d. (\_\_\_\_\_) \_\_\_\_\_  
Telephone

**2. Owner/Operator/Manager:**

a. \_\_\_\_\_  
Name

b. \_\_\_\_\_  
Address

c. \_\_\_\_\_  
City County State Zip Code

d. (\_\_\_\_\_) \_\_\_\_\_  
Telephone

**3. Bond Counsel:**

a. \_\_\_\_\_  
Name

b. \_\_\_\_\_  
Address

c. \_\_\_\_\_  
City County State Zip Code

d. (\_\_\_\_\_) \_\_\_\_\_  
Telephone

**4. Application Attachments:**

- Copy of Inducement Resolution
- Opinion of Legal Counsel-State Law
- Opinion of Legal Counsel-Federal Law
- \$250 Carryforward Application Fee
- Other

**DCA  
Use**

**5. Carryforward Amount Requested:**

\$ \_\_\_\_\_

**6. Description of Project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Owner/Issuer Certification:** The Information contained in this Carryforward Election Application and related attachments are intended to be true and accurate.

\_\_\_\_\_  
Signature (Owner)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Issuer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date