## APPLICATION FOR BOND ALLOCATION

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

	1. Issuer:			2. Borrower/User:			
Authority Name			Name				
Address			Address				
City County State Zip	Code		City	County	State	Zip Code	
Contact Person	Telephone		Contact Person			Telephone	
3. Legal Counsel:			4. Bond Counsel:				
Name Telep		phone	Name		Telephone		
Address			Address				
City County State Z	Zip Cod	le	City	County	State	Zip Code	
5. General Project Description:							
Allocation Requested: \$ (If Ap a. Small Issue IDB a. Joh		mployment Impact: pplicable) bbs Created bbs Retained		9. Total Project Cost:  a. Bond Financing b. Other (specify) c. Total			
d. Multi-Family Housing	8. Expected Clos		Date:	e:			
e. Single-Family Housing f. Other				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. Letter of Determination (multi-family only) k. \$250 Application Fee		DCA Use	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				
*If Appropriate  12. Borrower/Issuer Certification: The in	n forma at	ion contained in	this Ammlias	tion for Dand Allocati	ion and mala	to d	
attach		s understood to				ited	
Signature (Borrower)		Signature (Issuer)					
Title			Title				
Date			Date				
For DCA Use Only:  Receipt	=						
# Amount \$ Exp Date Category							