

APPLICANT Please attach a history of the applicant.

Name of Applicant: _____ Date: _____
Type of Applicant: Non-Profit For-Profit Government
Address: _____
Contact Person: _____ Title: _____
Telephone: _____ Fax: _____

Check One Or More:
 Financing
 Microloan
 SCRLF
 SCBCAP
 Leasing

THE PROJECT Please provide a brief description below and attach a detailed description of the project.

COSTS Please attach a detailed Project Budget, Sources and Use of Funds chart, and a 10-year pro forma operating statement.

Total Project Cost: _____ Amount of SCIA Bonds Requested: _____

PROJECT BENEFITS TO SALEM COUNTY

Number of Permanent Jobs: _____ Number of housing units for low and moderate income families: _____ List other benefits of the project: _____
Number of Construction Jobs: _____
Duration of Construction: _____

ATTACHMENTS

- Application Fee.
- Feasibility Study.
- Project location on municipal base map.
- Site boundary map and site description.
- Site plan for the project.
- Status of local planning and zoning approvals.
- Status of state and federal development permits.
- Project construction budget certified by a licensed architect or engineer.
- Balance Sheet for applicant for the past three years.
- Profit and Loss Statement for applicant for the past three years.
- 10-Year pro-forma for the project and/or applicant.
- Evidence of ownership or option agreement on the project site.
- If applicant is a 501(c)3 non-profit corporation, attach a copy of the IRS determination letter.
- Environmental assessment.
- Bond purchaser(s) term sheet of commitment letter(s).
- Tax Returns.

CERTIFICATION OF APPLICATION

PLEASE NOTE: Eligibility for bond financing from the SCIA is determined by the information contained in this application and is further governed by the Improvement Authorities Act NJSA40:37A et seq. and applicable federal laws related to the issuance of tax-exempt bonds. Only the SCIA, by resolution of the Members, can determine project eligibility and authorize the issuance of bonds.

I, THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY: The information contained in this application and in all attachments submitted herewith is to the best of my knowledge true and complete. I have the authority to submit this application on behalf of the applicant. I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and that the SCIA at its sole discretion may terminate its financial assistance.

SIGNATURE: _____ NAME (PRINT): _____

TITLE: _____ DATE: _____

Sworn and Subscribed before me this _____ day of _____, 20 ____ .

Notary Public My Commission Expires: _____