

# COMMUNITIES Unlimited

3 East Colt Square Drive  
Fayetteville, AR 72703  
479-443-2700

## Water/Wastewater Project Loan Application

APPLICANT INFORMATION			
Name of Borrowing Organization			Date
Borrower Mailing Address (Street, City, State & Zip)			
Borrower Physical Address (Street, City, State & Zip)			
County	Phone Number	Fax Number	Email
Employer Identification Number	DUNS #	Number of People Employed by Organization	
Contact Person		Title	
Contact Person Address (Street, City, State, & Zip)			
Phone Number	Fax Number		Email
TYPE OF ORGANIZATION			
<input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Association <input type="checkbox"/> Water Supply Corporation <input type="checkbox"/> Nonprofit Waterworks <input type="checkbox"/> Nonprofit Cooperative			
<input type="checkbox"/> Public Agency <input type="checkbox"/> Municipal System <input type="checkbox"/> County Owned System <input type="checkbox"/> Utility District or Public Authority <input type="checkbox"/> Other (Please Specify) _____			
<input type="checkbox"/> For Profit Utility <input type="checkbox"/> Investor Owned Utility <input type="checkbox"/> Proprietary Utility			
NUMBER OF CONNECTIONS			
	WATER	WASTEWATER	
Current			
Proposed			

How many years has your utility been providing service?

Please briefly describe the background and history of your organization and the utility.  
(Attach an additional page if necessary.)

**LOAN REQUEST**

<b>Loan Amount</b>	<b>Term Requested</b>
<b>Anticipated Closing Date</b>	<b>Lien Position</b>
<b>Security</b>	

**LOAN PURPOSE**

**Please provide a brief description of your proposed project or the purpose for which you are requesting the loan. (Attach additional pages if needed.)**

**BENEFITS OF PROPOSED PROJECT**

**What will be the benefits of your proposed project to your community?**

**PROJECT BUDGET**

- \$ \_\_\_\_\_ Construction Costs
- \$ \_\_\_\_\_ Land Acquisition
- \$ \_\_\_\_\_ Equipment Purchases
- \$ \_\_\_\_\_ Engineering
- \$ \_\_\_\_\_ Legal Fees
- \$ \_\_\_\_\_ Contingencies
- \$ \_\_\_\_\_ Other (describe) \_\_\_\_\_
- \$ \_\_\_\_\_ Other (describe) \_\_\_\_\_
- \$ \_\_\_\_\_ **EQUALS Total Project Cost**
- \$ \_\_\_\_\_ **LESS OTHER FUNDING (Source)** \_\_\_\_\_
- \$ \_\_\_\_\_ **EQUALS Amount Requested from Communities Unlimited, Inc.**

## GENERAL

Does your organization have any grant/loan applications pending?    \_\_\_ Yes    \_\_\_ No

If YES, please attach details about the application(s).

Is your system under any regulatory enforcement order or have you been notified of any pending enforcement action?    \_\_\_ Yes    \_\_\_ No

If YES, please attach details including copies of any enforcement order, plans for correction, etc.

Is there any pending litigation involving your organization?    \_\_\_ Yes    \_\_\_ No

If YES, please attach details about the litigation.

### **CHECKLIST OF SUPPORTING DOCUMENTS FOR THIS APPLICATION:**

Please attach the following supporting documents: (Place a check mark (√) in the box for each document.)

- Copy of the last two (2) years annual audits. If your organization does not have audits, please state the reason why and attach available financial statements.
- Copy of your budget for the current year.
- Copy of all current insurance policies or confirmations (front page only).
- Copy of the Engineering Report or other documents describing the project.
- Copy of your current rate structure for water and/or wastewater customers.
- Copy of the resolution or extract of the minutes authorizing the submission of this application.
- If your organization has any grant or loan applications pending, please provide details about the application.
- Copy of any current Regulatory Enforcement Order, etc. if applicable.
- Description of any pending litigation if applicable.

Please list your aged receivables: 0-30 days; 31-60 days; 61-90 days; and more than 90 days

When are your board meetings held, and when do you hold your annual meetings?

**Failure to include any of the above requested information will delay processing of the application.**

## CERTIFICATION

The undersigned representative(s) of the applicant identified on Page 1 hereby:

1. CERTIFY that the information contained herein and attached herewith is true and correct to the best of my (our) knowledge and belief, and
2. CERTIFY that this Application for Financial Assistance and all additional or supplemental information provided constitutes the application for a loan from Communities Unlimited, Inc.  
And
3. CERTIFY that the governing board of the applicant has duly authorized this application for a loan and has the legal authority to incur the debt that they have applied for, and
4. UNDERSTAND that a loan origination fee will be charged by Communities Unlimited, Inc. at the time of the loan closing along with any additional out of pocket costs required for closing, and
5. GRANT Communities Unlimited, Inc. permission to obtain credit information and general references and to contact the borrower's accountant.

It is further agreed and certified that any additional or supplemental information requested in connection with this application will be submitted as true and correct to the best of my (our) knowledge and belief.

\_\_\_\_\_  
Name of Borrowing Organization

\_\_\_\_\_  
Name of Borrowing Organization

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Printed or typed name

\_\_\_\_\_  
Printed or typed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Revised 9/6/18