

# Colorado Health Facilities Authority

## Application for Financing

(If more space is required please attach an additional sheet.)



Facility Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Applicant's Representative \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Legal Counsel \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Financial Advisor (if any) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Investment Banker/Agent (if selected) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Financial Feasibility Consultant (if any) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

1. Write a **brief** description of the purpose of the proposed financing, including location(s) where bond/note proceeds will be used. For start-up facilities attach copies of any projections or studies regarding occupancy, revenues and expenses.

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2. Total amount of requested funds as known at time of application.

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3. Estimated sources and uses of funds for the project(s) to be financed with bond/note proceeds.

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4. Current status of the project(s) to be financed:

a. For **debt refinancing** or **equipment financing**, a *brief* description of current status and time-table for required actions.

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b. For **new construction**, or **renovation/remodeling**

Date work began (will begin) \_\_\_\_\_

Date for completion/occupancy \_\_\_\_\_

5. Write a brief description of Applicant's existing facilities and programs

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6. Please enclose with this application **two** copies of each of the following:

a. Audited financial statements for the three (3) most recent years

b. Interim unaudited financial statement for the current period

The Authority and its consultants or advisors may request additional information: such requests will be pertinent to the particular Applicant or proposed financing, and will be kept to a minimum.

The Authority is willing to consult with applicants considering a financing. Once the applicant has determined to proceed with a tax-exempt financing through the Authority and work is commenced on the necessary legal documents, the Applicant and the Authority will enter into a preliminary agreement (a copy of which is attached to the application) and the Applicant is required to pay a deposit of 20% of the initial fee.

**Return application to: COHFA, 3033 East 1st Avenue, Suite 301, Denver, CO 80206**