**Utah Department of Environmental Quality**

**Division of Air Quality**

**Clean Fuels and Vehicle Technology**

**Grant Program**

**2016-17**

**Preliminary Approval Application**



***Please fill out application completely and provide all requested information and if necessary attach additional sheets. Please complete one application per project.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Purpose of Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Grants*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this application for a grant to cover 50% of the cost to convert vehicles to a cleaner burning fuel? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO | |
| Is this application for a grant to cover 50% of the incremental cost of a clean fuel OEM vehicle as defined in 19-1-402? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO | |
| Is this application for a grant to cover the cost of clean fuel refueling equipment for a private sector business vehicle or a government vehicle? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO | |
| Requested grant amount: | | | | | **$** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entity Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of entity: | |  | | | | | | | | | | | | | | | | | | | | | | Federal Tax ID: | | | |  | | | | | | | | | | |
| *Contact person:* | |  | | | | | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | | | | | | |
|  | | *Last name* | | | | | | | | | *First name* | | | | | | | *M.I.* | | | | | | *Birth date (if no Federal Tax ID )* | | | | *Social Security # (if no Federal Tax ID)* | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | (     ) - | | | | (     )- | | | | | | | | | | |
| *Title* | | *Email* | | | | | | | | | | | | | | | | | | | | | | *Cell Phone* | | | | *Office Phone* | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| *Street address* | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Suite or unit #* | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | |
| *City* | | | | | | | | | | | | | *State* | | | | | | | | *Zip Code* | | | | | | |  | | | | | | | | | | |
| Previous address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| *Street address* | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Suite or unit #* | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | |
| *City* | | | | | | | | | | | | | *State* | | | | | | | | *Zip Code* | | | | | | |  | | | | | | | | | | |
| Is this a private sector business or non-profit entity? | | | | | | | | | | | | YES | | | | | | | | | | | | | | | | | | | | NO | Is this a government entity? | | | YES | | NO |
| Is this business a subsidiary or affiliate of any other entity? | | | | | | | | | | | | YES | | | | | | | | | | | | | | | | | | | | NO |  | | | | | |
| If yes, list the entity(ies): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-Applicant Information (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-applicant full name: | | | | | |  | | | | | | |  | | | | | | |  | | | |  | | | | |  | | | | | | | | | |
| Last | | | | | | | | | | | | | First | | | | | | | M.I. | | | | Title | | | | | Birth date | | | | | | | | | |
| Co-applicant address: | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | Apartment or unit # | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | State | | | | | | | ZIP Code | | | | Email | | | | | | | | | | | | | | |
| Co-applicant previous address: | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | *Apartment or unit #* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | State | | | | ZIP Code | | | | | | | | | | | | | | |
| Co-applicant phone: | | | | | | (     ) | | | | Co-applicant Cell: | | | | | | | | | | | | | | | | | | | | | | (     ) | Co-applicant E-mail address: |  | | | | |
| Co-applicant Social Security Number: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proposed Project Fleet Information (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle type: | | | | | |  | | | | | | | | Number of vehicles to be included in project: | | | | | | | | | |  | | | | | | | | | | | | | | |
| Fleet description (vehicle use, engine specifications, etc.): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OEM Vehicle Purchase Costs (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated OEM vehicle incremental cost: | | | | | | $ | | | | | | | | | | Amount requested: | | | | | | | | $ | | | | | | | | | | | | | | |
| Conversion Costs (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conversion cost: | | | | | | $ | | | | | | | | | Amount requested: | | | | | | | | $ | | | | | | | | | | | | | | | |
| VIN number(s): | | | | | |  | | | | | | | | | | | | | | | | | Fuel type after conversion: | | | | | |  | | | | | | | | | |
| System manufacturer: | | | | | |  | | | | | | | EPA or CARB certification #: | | | | | |  | | | | | System model number: | | | | |  | | | | | | | | | |
| System or component manufacturer: | | | |  | | | | | | | | | | | | | System or component model number: | | | | | | | |  | | | | | | | | | | | | | |
| Refueling Equipment (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Facility | | | | | | | | | | | | | | | | | | | | | | Private Facility | | | | | | | | | | | | | | | | |
| Estimated # of vehicles to use equipment: | | | | | | |  | | | | | | | | | | | | | | | Estimated refueling capacity: | | | | |  | | | | | | | | | | | |
| Estimated gallons, vehicle per month: | | | | | | |  | | | | | | | | | | | | | | | Estimated total gallons per month: | | | | |  | | | | | | | | | | | |
| **Successful Vendor Information (for refueling equipment)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Name of vendor:* | | | | | | | |  | | | | | | | | | | | | | | Estimated cost of equipment: | | | | | **$** | | | | | | | | | | | |
| Contact name: | | |  | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | |
| *Street address* | | | | | | | | | | | | | | | | | | | | | | *City* | | | | *State* | | | | *ZIP code* | | | | | | | | |
| *Email:* | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Second Vendor Information (for refueling equipment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Name of vendor:* | | | |  | | | | | | | | | | | | | | | | | | Estimated cost of equipment: | | | | | **$** | | | | | | | | | | | |
| Contact name: | | | |  | | | | | | | | | | | | | | | | | | Phone: | | (     ) | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | |  | |  | | | | | | |  | | | | | | | |
| *Street address* | | | | | | | | | | | | | | | | | | | | | | *City* | | *State* | | | | | | | *ZIP code* | | | | | | | |
| *Email:* | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Information (for refueling equipment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | | | | | | | | *Id #:* | | | | |  | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | | | | |
| *Street address* | | | | | | | | | | | | | | | | | | | | | | *City* | | | | | *State* | | | | *ZIP code* | | | | | | | |
| Mortgage with: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permits obtained? | | | | Yes  If yes, date obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No  If no, date planning to obtain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Ownership of Facility (for refueling equipment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sole proprietorship | | | | | | | | | Partnership | | | | | | | | | | | | | Co-owner | | | | | | | | Corporation | | | | | | | | |
| Incorporated in (State): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Cont’d | | | | | | |
| **Please answer the following:** | **Applicant** | | **Co-applicant** | |  | |
| Are there any outstanding judgments against you? | YES | NO | YES | NO | If yes, explain on attached sheet. | |
| Have you declared bankruptcy within the past 7 years? | YES | NO | YES | NO | If yes, when? | |
| Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? | YES | NO | YES | NO | If yes, explain on attached sheet. | |
| Are you and/or your facility party to a lawsuit? | YES | NO | YES | NO | If yes, explain on attached sheet. | |
| Are you obligated to pay alimony, child support, or separate maintenance? | YES | NO | YES | NO | If yes, explain on attached sheet. | |
| Are you a co-maker or endorser on a note? | YES | NO | YES | NO | If yes, explain on attached sheet. | |
| Are you a US citizen? | YES | NO | YES | NO |  | |
| If no, are you a resident alien? | YES | NO | YES | NO |  | |
| If no, are you a non-resident alien? | YES | NO | YES | NO |  | |
| Proposal: | | | | | | |
| **1) Work plan (Please include at a minimum project description, budget and cost breakdown for the project, and a milestone chart that also lists when project deliverables will be ready) :** | | | | | | |
| **Project Description (work completed to date, general location of project, market studies, etc.):** | | | | | | |
| **Work plan (cont):**  **Budget and Cost Breakdown** | | | | | | |
| **Work plan (cont):**  **Milestone Chart (when project deliverables will occur)**  **January, 2017**                                                                                    **January, 2018**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      **January, 2019**                                                                                    **2) Feasibility and practicality (weight of 8):**   |  |  | | --- | --- | | **For infrastructure projects:** | | | Is there a market for the proposed project? |  | | How long do you plan to keep the equipment? |  | | Why is the location you’ve chosen for your project more feasible or practical than another location? |  | | **For vehicle-related projects:** | | | Why did you select the technology chosen? |  | | How long do you plan to keep the project vehicles or equipment (please list mileage and time)? |  | | Why is the location you’ve chosen for your project more feasible or practical than another location? |  | | | | | | | |
| **3) Financial need (weight of 3):**  **\*Note: In addition to providing the following information for this section, please make sure to complete pages 12-15 of the application.** | | | | | | |
| **Describe the financial need of your business or organization.**    **Can your project proceed without funds from the Clean Fuels and Vehicle Technology Grant? If not, what is the minimum amount of funding needed to complete the project?** | | | | | | |
| |  | | --- | | **4) Availability of Additional Funds (weight of 1):** | | **For all projects--are there monies you will be using to complete your project? If so, please list the sources and** **amounts**. | | **5) Environmental and Community Benefit (weight of 6):** | | | | | | |
| **What are the environmental benefits to the State and local community where the project will take place?**    **How will your project make a difference to the community?**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              **For refueling infrastructure projects only: What is the accessibility and openness of the facility to the general public?** | | | | | |
| **6) Creditworthiness (weight of 2):** | | | | | |
| **The following financial documents must be included as attachments to the application in order to determine whether the application will be evaluated against the ranking criteria (sections 1-5).**  **If these documents are not included, the application will be disqualified:**  **For business entities:**   * Provide current audited, reviewed, or compiled financial statement reports, or the website link to these reports, or fill out the balance sheet information on pages 12- 15 as of 12/31/2014 (pages 12-13) and as of 12/31/2015 (pages 14-15); * Provide corporate federal and State income tax returns for the last two calendar years, 2014 and 2015. If owner(s) has given personal guarantees to the corporation, individual federal and State income tax returns for the same years must also be attached to the application; * Provide Income Statement and Cash Flow Statement for the last two full calendar years, 2014 and 2015;   **For government entities:**   * Provide current audited financial statement reports, or the website link to these reports, or fill out the balance sheet information on pages 12- 15 for the respective year-end totals for the last two years. * Please include your bond rating.   *\*Note: DAQ requires a credit report for businesses and non-profits submitting applications for funding. DAQ will procure the report.* | | | | | |

I am willing to:

1) Comply with all aspects of the Clean Fuels and Vehicle Technology Fund rule and to submit to the payback criteria detailed in R305-4-10.

2) Provide reasonable data to the Department of Environmental Quality on a vehicle converted or purchased with grant proceeds as specified by 19-1-404(1)(b)(vii)(D).

3) Use the clean fuel for which each vehicle converted or purchased using grant proceeds for a minimum of 70 percent of the vehicle miles traveled beginning from the time of conversion or purchase of the vehicle as required by 19-1-404(1)(b)(vii)(B).

4) Allow inspection by the Department of Environmental Quality, as authorized by 19-1-404(1)(b)(vii)(E), of a vehicle converted, retrofitted, or purchased with grant proceeds.

5) Notify the Department of Environmental Quality if a vehicle converted, retrofitted, or purchased using grant proceeds becomes inoperable through mechanical failure or accident as required by 19-1-404(1)(b)(vii)(C).

6) Provide additional information as requested by the Department of Environmental Quality.

I/we certify under penalty of law that the information I/we have provided in this application is true and correct, to the best of my/our knowledge. I/we understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit and facility history and to answer questions about your credit experience with me/us. I/we have read and understand the application form and agree to provide additional information which may be legally required to determine creditworthiness. Any and all costs to complete any of the required information are my/our responsibility. (Note: Falsification of credit information may be a federal offense and may result in exemption from discharge in the event a petition for bankruptcy is filed).

**\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant (print) Co-applicant (print)

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

Applicant Signature Date Signed Co-applicant Signature Date Signed

I/we understand that approved projects must meet all the eligibility requirements listed in Board Rules and that pre-approved projects are not guaranteed project reimbursements by the Department. Reimbursement will only be made for projects completed according to the applicant’s submitted work plan. I/we have read and understand that approved projects must be completed within two years of award notification in order to receive funds. I/we have read and understand that upon notification of award, the awardee must sign and return the grant agreement within 30 calendar days of notification of the award. If the grant agreement is not signed and returned within 30 calendar days of notification, the Department reserves the right to terminate the award.

**\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant (print) Co-applicant (print)

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

Applicant Signature Date Signed Co-applicant Signature Date Signed

**Supplemental Schedules. If additional space is needed, attach sheet(s).**



**No. 1 Accounts and Notes Receivable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Debtor | Payment Date | Date of Debt | Description of Security Held | Amt. Owed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Value:** | | | | $ |

**No. 2 Inventory**

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Value | Description | Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Value:** | | | $ |

**No. 3 Stocks and Bonds**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Face Value  (Bonds) or  No. Shares  (Stock) | Name of Corporation | Cost | Income Received  Last Year | To Whom Pledged | Present Market Value |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Value:** | | | | | $ |

**No. 4 Equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Purchase Price | Appraised Value | VIN Number | Value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Value:** | | | | $ |

**No. 5 Vehicles**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Purchase Price | Appraised Value | VIN Number | Amount Owed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Value (equals Appraised value less amount owed):** | | | | $ |

**No. 6 Real Estate**

|  |  |  |
| --- | --- | --- |
| Legal Description/ Address | Size of Parcel | Appraised Value |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Value:** | | $ |

**No. 7 Mortgages, Notes, and Accounts Payable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Creditor | Description of Security | Total Amount Owed | Payment Date | Due Current Year | Years Remaining |

7a. Real Estate Mortgages Payable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7b. Notes Payable (Secured)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7c. Notes Payable (Unsecured)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7d. Accounts Payable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7e. Long-term Notes Payable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Supplemental Schedules. If additional space is needed, attach sheet(s).**



**No. 1 Accounts and Notes Receivable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Debtor | Payment Date | Date of Debt | Description of Security Held | Amt. Owed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Value:** | | | | $ |

**No. 2 Inventory**

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Value | Description | Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Value:** | | | $ |

**No. 3 Stocks and Bonds**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Face Value  (Bonds) or  No. Shares  (Stock) | Name of Corporation | Cost | Income Received  Last Year | To Whom Pledged | Present Market Value |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Value:** | | | | | $ |

**No. 4 Equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Purchase Price | Appraised Value | VIN Number | Value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Value:** | | | | $ |

**No. 5 Vehicles**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Purchase Price | Appraised Value | VIN Number | Amount Owed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Value (equals Appraised value less amount owed):** | | | | $ |

**No. 6 Real Estate**

|  |  |  |
| --- | --- | --- |
| Legal Description/ Address | Size of Parcel | Appraised Value |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Value:** | | $ |

**No. 7 Mortgages, Notes, and Accounts Payable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Creditor | Description of Security | Total Amount Owed | Payment Date | Due Current Year | Years Remaining |

7a. Real Estate Mortgages Payable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7b. Notes Payable (Secured)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7c. Notes Payable (Unsecured)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7d. Accounts Payable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7e. Long-term Notes Payable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Please include with your application personal and corporation (if applicable) federal and state tax returns for the last two years.**

The statements made in this Financial Application are for the purposes of inducing the Department of Environmental Quality to grant the credit requested.

I/we certify under penalty of law that the information I/we have provided in this Financial Application is true and correct, to the best of my/our knowledge. I/we understand that you will retain this statement whether or not credit is approved. You may verify all information given in connection with this statement, employment, and income history and answer questions about your credit experience with me/us.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant (print) Co-applicant (print)

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

Applicant Signature Date Signed Co-applicant Signature Date Signed

AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT/HISTORY

The undersigned hereby consent(s) to the Department of Environmental Quality’s (DEQ) use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), member(s), partner(s), proprietor(s), and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) DEQ to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

Name:

Address:

City: State: Zip:

Signature: Date:

Social Security #: / /



Name:

Address:

City: State: Zip:

Signature: Date:

Social Security #: / /



Name:

Address:

City: State: Zip:

Signature: Date:

Social Security #: / /



**NOTICE**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity Washington, D.C. 20580.