Print Form

LEEAP

Lease Essential Equipment Acquisition Program

Idaho State Treasurer's Office

NEW US BANK CUSTOMER - Preliminary Lease/Purchase Information

This form cannot be submitted electronically. Please complete form online, click "print form" button, then mail the form to the location listed in the footer.

1. Applicant Name:

   Applicant Tax Identification Number (TIN): --

2. Mailing Address: Street Address:

   City, State, Zip: City, State, Zip:

   Telephone: Fax:

3. Contact Person:

   Email Address:

4. Applicant Attorney Name:

   Attorney Address: Attorney Telephone:

   Attorney Fax:

   City, State, Zip:

5. Date of most recently audited financial statements:

6. Has your municipality issued any debt or entered into any leases within the the last eighteen (18) months?

   If **YES**, please provide (use additional paper if necessary):

   Amount:

   Issue Date:

   Lender:

   Project Description:

Idaho State Treasurer's Office, LEEAP
P.O. Box 83720 * Boise, Idaho 83720-0091
Phone: (208) 332-2955 * Fax: (208) 332-2961 * Email: LEEAP@Sto.Idaho.Gov

7. Will all proceeds from this financing be used solely for the initial acquisition of essential equipment that will be utilized only for public purposes?

8. Has the Applicant defaulted in the payment of any obligation on which it was or is the primary obligor?

9. Has the Applicant failed to appropriate for the payment of any lease/purchase on which it was or is the primary obligor?

10. What is the expected useful life of the equipment? (Lease duration limited to not exceed 75% of the expected useful life) Years

11. Equipment Cost (Gross): (Please do NOT enter commas)

Amount to be Financed: (Please do NOT enter commas)

Requested Closing Date:

Requested Payment Frequency:

Requested First Payment Date:

Requested Financing Duration:

12. Does the Municipality have any outstanding financial obligations in the form of loans, bonds (including revenue bonds), notes, or leases?

If **YES**, provide on a separate sheet for each obligation the initial principal amount of the obligation, total amount to be paid during current fiscal year, and principal amount outstanding at beginning of current fiscal year.

13. Tax collection history for the last 3 years - amount budgeted and percentage collected plus total expenditures and percent of budgeted expenditures:

		Budgeted Revenues (and % collected)			Budgeted Revenues (and % collected)	
Year		$		%	$	%
Year		$		%	$	%
Year		$		%	$	%

14. Please include copies of the audited financial statements for the last three years.

I, , do hereby certify that the information contained in this application is complete and accurate, that applicant will voluntarily provide the State of Idaho with any updates to this information should any changes occur, and that applicant will provide any additional information that may be requested by the State or Idaho for purposes of processing this application.

Title: Date:

Signature