

**LOUISIANA COMMUNITY DEVELOPMENT AUTHORITY APPLICATION
GOVERNMENTAL**

GENERAL INFORMATION

NAME OF GOVT ENTITY:	CONTACT: DATE AVAILABLE FOR SITE VISIT:
ADDRESS:	ADDRESS:
	PHONE:
	EMAIL:

PROJECT INFORMATION

PROJECT DESCRIPTION:	
AMOUNT OF FINANCING:	TERM:
TYPE OF FINANCING: <input type="checkbox"/> TAX EXEMPT <input type="checkbox"/> TAXABLE	
PRIMARY SOURCE OF REPAYMENT:	

**PROFESSIONALS
(RECOMMENDED BY APPLICANT)**

UNDERWRITER:	BOND COUNSEL:
PHONE:	PHONE:
MUNICIPAL ADVISOR:	OTHER:
PHONE:	PHONE:
	DATE OF APPLICATION: