LOUISIANA COMMUNITY DEVELOPMENT AUTHORITY APPLICATION NON PROFIT						
COMPANY INFORMATION						
COMPANY NAME:		CONTACT: DATE AVAILABLE FOR SITE VISIT:				
ADDRESS:		ADDRESS:				
		PHONE:				
		EMAIL:				
TYPE OF BUSINESS: [] CERTIFICATION THAT APPLICATION THE SENATOR A			OR OR PARISH CHIEF EXECUTIVE			
	PROJECT II	NFORMATION				
PROJECT DESCRIPTION:						
IN STATE LOCATION & ADDRESS:		NEW OR EXPANSION?				
AMOUNT OF FINANCING:		RATE:				
TYPE OF FINANCING:	BUILDING:		TERM:			
PRIMARY SOURCE OF REPAYMENT:						
PROFESSIONALS (RECOMMENDED BY APPLICANT)						
UNDERWRITER:	,	BOND COUNSEL:				
PHONE:		PHONE:				
MUNCIPAL ADVISOR:		OTHER:				
PHONE:		PHONE:				
		DATE OF APPLICATION:				