



**ARKANSAS DEVELOPMENT FINANCE  
AUTHORITY**

**APPLICATION FOR CONDUIT ISSUES**

**Date:** \_\_\_\_\_

**Borrower:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Type of Entity:** \_\_\_\_\_  
(Private, Non Profit, Governmental, etc.)

**Amount to be Financed:** \_\_\_\_\_

**Purpose of Financing:** \_\_\_\_\_

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

**Proposed Structure:** \_\_\_\_\_

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

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

**\*\*Please attach to this Application a Distribution List detailing the Professionals that will be involved in the transaction (i.e. Bond Counsel, Underwriter, Trustee, etc.)\*\*\***