

Community Programs  
Lender Contact Worksheet

State: \_\_\_\_\_

Name of Lender:

Address:

Telephone:

Person Contacted: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Contact:

Type of Lender:

- |                         |                             |
|-------------------------|-----------------------------|
| _____ Bank              | _____ Savings & Loan        |
| _____ Investment Bank   | _____ Bond Dealer           |
| _____ Insurance Company | _____ Other (specify) _____ |

Areas of Interest:	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
New Loans	___	___	Water Systems	___	___
Refinancing	___	___	Waste Disposal	___	___
Joint Financing	___	___	Hospitals	___	___
Interim Financing	___	___	Nursing Homes	___	___
Guaranteed Loans	___	___	Clinics	___	___
Public Bodies	___	___	Fire & Rescue	___	___
Nonprofit Corporations	___	___	Municipal Bldg.	___	___
General Obligations	___	___	Schools	___	___
Revenue Bonds	___	___	Natural Gas	___	___
Special Assessment Bonds	___	___	Roads, Streets,		
Note and Mortgage	___	___	Bridges	___	___
Other: _____	___	___			

Comments:

Geographic Area of Interest:

Estimated Amount Available for Lending: \$ \_\_\_\_\_

	Loan Size	
	Minimum	Maximum
Public Bodies	_____	_____
Nonprofit Corp.	_____	_____

Estimated Current Rates and Terms:

	Interest Rate		Length of Loan
	Rated*	Unrated	
Public Bodies	_____	_____	_____
Gen. Obligation Bonds	_____	_____	_____
Revenue Bonds	_____	_____	_____
Assessment Bonds	_____	_____	_____
Nonprofit Corp.	_____	_____	_____
Note and Mortgage	_____	_____	_____

Comments:

Is lender interested in trial referral of borrower who may be able to refinance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Lender's Reserve Requirements:

Lender's Preferred Ratio Range:

Debt Service Coverage	_____
Debt Per Capita (GO Bonds)	_____
Debt to Equity	_____
Current Ratio	_____
Other	_____

Comments: