



ATTN: Anthony M. Piccone  
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856-753-7038

RE: Richard Lorenti  
**Non-Profit Preferred Funding, Credit Applications**  
**Uniform Borrower Application**

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INSTRUCTIONS: PLEASE REFER TO IMPORTANT DISCLOSURES AT THE BOTTOM OF THIS PAGE. ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED. IF THE INFORMATION IS NOT RELEVANT, PLEASE ENTER "N/A." PLEASE FEEL FREE TO ANTHONY PICCONE AT PICCONE FINANCIAL ASSOC., LLC WITH ANY QUESTIONS.

**SECTION 1. GENERAL APPLICANT INFORMATION**

**Applicant/Organization Information**

Organization Name:	IRS / Employer ID Number:
Address:	Organizational Structure (i.e., 501(c)(3)):
Phone:	Fax:
Website, if any:	

**Applicant Contact Information (Person Completing Application)**

Name:	Title:
Phone:	Fax:
Email:	

All information contained in this application will be treated confidentially to the extent permitted by law. All terms herein are preliminary and subject to change. All borrowers must complete the uniform borrower application and provide additional information as required. All applications are subject to approval by NPPF and applicable municipal issuer. Approval of an application by NPPF is not a commitment to lend by PFA. Borrower is responsible for certain closing costs associated with the tax-exempt financing, and such costs will add to the cost of capital.



**Applicant Type (Double Click Box to Select Appropriate Designation)**

<input type="checkbox"/> Behavioral Sciences	<input type="checkbox"/> Membership/ Service	<input type="checkbox"/> Social & Human Services
<input type="checkbox"/> Cultural	<input type="checkbox"/> Public Interest / Advocacy	<input type="checkbox"/> Trade Union
<input type="checkbox"/> Educational	<input type="checkbox"/> Research	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Foundation	<input type="checkbox"/> School/ University	
<input type="checkbox"/> Healthcare Provider	<input type="checkbox"/> Scientific	
<input type="checkbox"/> Housing Developer	<input type="checkbox"/> Senior/ Assisted Living	

Applicant's State of Incorporation or Registration:

**Applicant's Counsel and Auditors / Accountants**

Name and Address of Legal Counsel:		Contact Name:
Phone:	Fax:	Email:

Name and Address of Auditor / Accountant:		Contact Name:
Phone:	Fax:	Email:

**SECTION 2. APPLICANT HISTORY, DESCRIPTION, AND SERVICES PROVIDED**

**Applicant/Organizational Information**

Year of Incorporation:	Current Number of Employees:
General Service(s) Provided (please attach brochure if possible):	Region(s) of Operation (please identify primary and secondary service areas):



**SECTION 3. USE OF FUNDS / PROJECT INFORMATION**

If necessary, please attach a separate sheet

1. Describe the proposed use of funds (i.e., type and size of facility to be constructed or removed, type of equipment to be acquired, description of debt to be refinanced). Describe the proposed project site and any current improvements. Describe proposed construction/renovation, if any.

2. Why does the Applicant plan to undertake the project? What are the objectives to be achieved through the project?

3. Has the Applicant's Board of Directors given approval to the project? If yes, is such approval preliminary or final? If no, please elaborate and discuss the procedures and timeline to obtain such approval.

4. Will the Applicant be the sole user of the facility? Will the facility derive income from other sources?



Please give the best estimate for all anticipated costs and proposed sources of financing involved in the project. Please sum all items in row H. The two columns should sum to the same number. Please feel free to attach a schedule in place of or as a supplement to the worksheet below.

Estimated Uses of Funds		Estimated Sources of Funds	
A. Land and Building (Acquisition)		A. PFA Capital	
B. New Construction		B. Other Loans (Please identify sources)	
C. Renovations / Building Improvements		C. Company Funds/ Cash on hand (contributions, grants, etc). Please describe.	
D. Machinery / Equipment		D. Other Sources (Please Identify)	
E. Refinancing of Existing Debt			
F. Fees/ Other Soft Costs			
G. Other (explain):			
H.			
<b>Total Project Costs:</b>		<b>Total Project Sources:</b>	



**SECTION 4. FINANCIAL STATEMENTS**

**Please attach the following:**

- Most recent Form 990, Form 990EZ or Form 990PF
- Two years of audited financial statements (or the equivalent)
- YTD financial statements for the most current period with a comparison to the prior year period

**SECTION 5. CERTIFICATION**

I, THE UNDERSIGNED, REQUEST ON BEHALF OF \_\_\_\_\_ (“Applicant”) that this application together with any attachments hereto be submitted for review by PFA. I hereby certify that the information contained herein and in the attachments hereto (as amended from time to time, together with any additional materials submitted to PFA, the “Submitted Materials”) are, to the best of my knowledge and belief, accurate, true, correct and complete. I understand that any intentional misstatements of misleading information contained in the Submitted Materials, or the omission of relevant information therefrom or the failure to deliver information in supplement thereto as required hereunder, could, at the option of PFA, be cause for rescission of PFA and or it’s lendrs approval.

I, also understand that PFA is not the lender on this transaction and is acting as a broker and can not lend its own funds. I authorize PFA to forward this application and all supporting documentation to the lender for review and underwriting at which a the lender will render a decision.

On behalf of Applicant, I acknowledge and agree that PFA reserves the right to require Applicant to submit such other documentation as PFA may require in addition to the documentation required hererunder, and that all such documentation, whether requested hereunder or hereafter, shall be provided at Applicant’s sole cost and expenses, and shall be in form and substance satisfactory to PFA.

Dated:

Certified By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Title: