



APPLICATION FOR MIDWESTERN DISASTER AREA BOND ALLOCATION

All bond issuers must complete and submit this application to the Director of the Department of Economic Development and receive approval prior to issuing Midwestern Disaster Area Bonds.

Bond Issuer

| | | | | | |
|---|------------|---------------------------------|---|-------|----------|
| NAME OF ISSUER | | NAME OF ISSUER'S REPRESENTATIVE | | TITLE | |
| STREET ADDRESS | | PO BOX | CITY | STATE | ZIP CODE |
| TELEPHONE | FAX NUMBER | | E-MAIL ADDRESS | | |
| COUNTY | | | | | |
| LOCAL GOVERNMENT JURSDICTION | | | | | |
| CHIEF ELECTED OFFICER | | | TITLE | | |
| HAS SAID OFFICER APPROVED THE PROPOSED FINANCING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED | | | HAS A PUBLIC HEARING BEEN HELD CONCERNING THE PROPOSED FINANCING? <input type="checkbox"/> YES (Attach copy) <input type="checkbox"/> NO, TO BE HELD (Date) _____ | | |
| BOND COUNSEL FOR ISSUER | | FIRM NAME | | | |
| STREET ADDRESS | | PO BOX | CITY | STATE | ZIP CODE |
| TELEPHONE | FAX NUMBER | | E-MAIL ADDRESS | | |

Description of Project

| | | | | | |
|---|------------|-----------------------|----------------|-------|----------|
| NAME OF PROJECT | | MDAB AMOUNT REQUESTED | | | |
| THE PROCEEDS OF THE MDAB WILL BE USED FOR: | | | | | |
| <input type="checkbox"/> MULTIFAMILY RENTAL PROPERTY FOR LOW AND MODERATE INCOME INDIVIDUALS <input type="checkbox"/> ACQUISITION, CONSTRUCTION, RECONSTRUCTION OR RENOVATION OF NONRESIDENTIAL REAL PROPERTY (Include on a separate sheet facts demonstrating the business suffered a loss attributable to severe storms, tornados or flooding during the period May 20, 2008 – August 1, 2008 or that business will replace a trade or business replacing a business with respect to another person suffered a loss.) <input type="checkbox"/> REPAIR OR RECONSTRUCTION OF PUBLIC UTILITY PROPERTY damaged by severe storms, tornados or flooding during the period May 20, 2008 – August 1, 2008 | | | | | |
| PROJECT CONTACT & TITLE | | | COMPANY | | |
| STREET ADDRESS | | PO BOX | CITY | STATE | ZIP CODE |
| TELEPHONE | FAX NUMBER | | E-MAIL ADDRESS | | |
| PROJECT FACILITY STREET ADDRESS | | COUNTY | CITY | STATE | ZIP CODE |
| DESCRIBE THE PROJECT/HOW MDAB WILL BE USED | | | | | |
| DESCRIBE THE BUSINESS ACTIVITY THAT WILL TAKE PLACE AT THE FACILITY, IF APPLICABLE | | | | | |

DID YOUR BUSINESS OR INDUSTRY SUFFER A LOSS DUE TO THE FLOODING OR STORMS THAT OCCURRED BETWEEN MAY 20, 2008 AND AUGUST 1, 2008:

YES NO

IF YES, DESCRIBE THE LOSS AND PROVIDE SUPPORTING DOCUMENTATION

IS THIS PROJECT CARRYING ON A TRADE OR BUSINESS WITH RESPECT TO ANOTHER PERSON SUFFERING A LOSS DUE TO THE FLOODING OR STORMS THAT OCCURRED BETWEEN MAY 20, 2008 AND AUGUST 1, 2008? YES NO

IF YES, DESCRIBE THE LOSS AND PROVIDE SUPPORTING DOCUMENTATION

Investment

| | TOTAL INVESTMENT | PRIVATE INVESTMENT | LEVERAGED PUBLIC INVESTMENT | |
|-------------------------|------------------|--------------------|-----------------------------|--------|
| | | | SOURCE | AMOUNT |
| LAND & SITE PREPARATION | | | | |
| BUILDING | | | | |
| EQUIPMENT | | | | |
| OTHER _____ | | | | |
| TOTAL INVESTMENT | | | | |

Jobs & Wages

| | | | |
|--|---------------|-----------------------------|-------------------------------|
| Estimate the number of permanent new jobs for this project: | WITHIN 1 YEAR | CUMULATIVE OVER 5 YEARS | AVERAGE WAGE OF NEW JOBS |
| Provide the number of retained jobs for this project: | | NUMBER OF RETAINED JOBS | AVERAGE WAGE OF RETAINED JOBS |
| Provide the number of relevant construction jobs for this project: | | NUMBER OF CONSTRUCTION JOBS | |

Housing Project Information (housing projects complete this section)

| | NUMBER HOUSING UNITS (TOTAL) | NUMBER LOW INCOME | NUMBER MARKET RATE | SQUARE FEET | RENT |
|-----------------------|------------------------------|-------------------|--------------------|-------------|------|
| HOUSING UNITS (TOTAL) | | | | | |
| STUDIO | | | | | |
| 1 BEDROOM | | | | | |
| 2 BEDROOM | | | | | |
| 3 BEDROOM | | | | | |
| 4 OR MORE BEDROOM | | | | | |

Closing Information

ANTICIPATED DATE OF CLOSING (NEEDS TO BE AS ACCURATE AS POSSIBLE)

DESCRIBE ACTIVITIES THAT HAVE OCCURRED TO SUPPORT BOND CLOSING ON THE ABOVE DATE

Attestation

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION ON BEHALF OF THE BOND ISSUER.

| | |
|--------------------------------------|------|
| SIGNATURE OF ISSUER'S REPRESENTATIVE | DATE |
|--------------------------------------|------|

Submit to: Department of Economic Development
 Midwestern Disaster Area Bonds
 301 West High Street
 PO Box 1157
 Jefferson City, MO 65102
 Phone: (573) 751-5097
 Fax: (573) 522-5033