



**Indiana Bond Bank**  
**Hoosier Equipment Lease Purchase (HELP) Program**  
**APPLICATION**

**DATE:** \_\_\_\_\_

**LESSEE INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Federal ID: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**BILLING ADDRESS (IF DIFFERENT):**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**EQUIPMENT**

Equipment Description (year, make, model): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AMOUNT**

Equipment Cost: \_\_\_\_\_  
 Down Payment Amount: \_\_\_\_\_  
 Trade-In Amount: \_\_\_\_\_  
 Amount Requested: \_\_\_\_\_  
 Expected Delivery Date: \_\_\_\_\_  
 Financing Term: \_\_\_\_\_  
 Payment (Annual/Semi/Qtrly/Mo): \_\_\_\_\_  
 First Lease Payment Date: \_\_\_\_\_  
 Preferred Closing Date: \_\_\_\_\_  
 Fund used to pay for the Equipment: \_\_\_\_\_

**REFERRAL**

Were you referred to the HELP Program by another unit of government?    Yes                      No  
 If so, by whom: \_\_\_\_\_

Cash Balance of Fund used to pay for the Equipment: \_\_\_\_\_

**ESSENTIAL USE**

Is the equipment being purchased under the State's QPA?                      Yes                      No  
 Does the proposed equipment replace existing equipment?                      Yes                      No  
 If YES, what is the age and type of equipment being replaced? \_\_\_\_\_

If NO, why is the additional equipment needed? \_\_\_\_\_

What function does the proposed equipment perform? \_\_\_\_\_

Do you anticipate issuing more than \$10,000,000 in debt (including leases) during the current calendar year?    Yes                      No  
 If yes, explain \_\_\_\_\_

Do you anticipate purchasing additional essential equipment over the next 12 months?                      Yes                      No  
 If yes, our providers may be able to quote an all-in rate, which could lower your overall transaction cost. If you are interested, please provide a list of equipment and dollar amounts (even if estimated) for additional equipment purchases: \_\_\_\_\_

Four largest taxpayers in tax base:	Assessed Value
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Please return applications to:**    *Indiana Bond Bank*    [bondbank@inbondbank.com](mailto:bondbank@inbondbank.com)    Fax: (317) 233-0894  
*Questions, please contact (800) 535-6974*                      **Please note:** legal documents may need to be authorized

*The Bond Bank program eliminates the need to bid the financing (IC 5-1.5-8-3(c)). The governing body must still follow the provisions of the public purchase law (IC 5-22-2) as applicable. The Bond Bank will be provided copies of all lease documentation at closing by the lease provider.*