



Hoosier Equipment Lease Purchase (HELP) Program
Application

Date: _____

LESSEE INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Federal ID: _____

Contact: _____

Title: _____

Phone: _____

Email: _____

BILLING ADDRESS (IF DIFFERENT)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

EQUIPMENT

Equipment Description (year, make, model):

REFERRAL

Were you referred to the HELP Program by another unit of government?

☐ Yes ☐ No

If so, by whom:

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 additional equipment needed?

What function does the proposed equipment perform?

Do you anticipate issuing more than \$10,000,000 in tax-exempt debt (including leases) during the current calendar year?

No ☐ Yes ☐ If yes, please explain:

How did you hear about the HELP Program?

- ☐ Social Media ☐ Email ☐ Indiana Bond Bank Website
☐ Conference/Presentation ☐ Indiana Bond Bank Staff ☐ Other Unit of Government

Please return applications to: Indiana Bond Bank help@inbondbank.com Fax: (317) 233-0894
Questions, please contact 317-233-0888

Please note: legal documents may need to be authorized

The Bond Bank program may eliminate 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 with copies of all lease documentation at closing by the lease provider. Please check with your municipal advisor or bond counsel regarding the potential materiality this proposed lease may represent with respect to other outstanding debt or financial obligations.