



**APPLICATION FOR 20-YEAR SPECIAL ASSESSMENT FINANCING
PROJECT PROFILE**

Please print or type

Applicant's Name: _____

Applicant's Business Name: _____

Applicant's Address: _____

Applicant's Phone: _____ **Applicant's Fax:** _____

Applicant's E-mail address: _____

Price range of properties in subdivision: \$ _____

Monthly special assessment range: *(This figure must exceed the range outlined on the attachment)* \$ _____

Monthly special assessment calculated on:

15-year assessments \$ _____ **20-year assessments \$** _____

Please provide information regarding excessive infrastructure costs that you believe qualify this project for 20-year special assessment financing. Be specific. _____

Signature

Date

Return the completed application to:

Development Assistance Center

455 N. Main ■ 13th Floor ■ Wichita, KS ■ 67202

Phone: 316.268.4371 ■ Fax: 316.268.4519