

# WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY

## Community Provider Institution Application

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Persons  
& Titles (List 2) \_\_\_\_\_

\_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Fax Number(s) \_\_\_\_\_

E-Mail \_\_\_\_\_

WEB Site Address \_\_\_\_\_

Date of Application: \_\_\_\_\_

**If you have already selected a plan of finance and/or lender, you need only to provide two copies of the following information to the Authority:**

1. Description, Timing and Cost of Project
2. Bylaws
3. Corporate Charter
4. IRS Notification of Tax Status
5. Five Years Audited Financial Statements
6. Most Recent Un-Audited Financial Statements
7. Documentation on Outstanding Loans
8. Latest Report of Accreditation

**If you would like the Authority's assistance in developing a plan of finance, finance structure and selection of a lender, please complete the financing alternatives application form.**