



OHIO TOWNSHIP ASSOCIATION
Capital Asset Master Lease Financing Program

LEASE FINANCING APPLICATION

Please answer all questions as completely as possible. Note requests in footnotes below.

Township name: _____ **County:** _____

Address: _____
(note: please provide a street address for overnight deliveries)

Contact: _____ **Title:** _____

Trustee Name 1: _____ **Trustee Name 2:** _____ **Trustee Name 3:** _____

Phone Number: _____ **Cell Phone Number:** _____

Fax Number: _____ **Contact's E-mail:** _____

Federal tax ID # _____ **Clerk Name:** _____
(required for processing)

Project Description¹: _____
(attach additional sheet if necessary)

Cost of Capital Asset/ Project (actual): _____ **Preferred Term of Lease (in years):** _____

Cost of Capital Asset/ Project (estimated): _____ **Down payment amount (if applicable)** _____
(complete only if actual cost not available)

Source of Repayment²: _____ **Date of Meeting at which Trustees will authorize Lease:** _____

Date of Award of Contract or Payment for Asset: _____

¹ Please include Vendor Information including tax ID#, complete address, wiring instructions for payment; if the asset is a vehicle provide the VIN#; Provide Township Insurance information including contact information.

² Include audited financial statements for the last three years, if possible; otherwise at least one year (most recent) of audited financial statements and two years of unaudited financial statements.

MAIL OR FAX THE COMPLETED APPLICATION TO:

Ross, Sinclair & Associates, Inc.

Attn: OTA Master Lease Program Administrator

700 Walnut Street, Suite 600

Cincinnati, OH 45202

Phone: (800) 543-1831; Fax: (513) 381-0124