

**CITY OF THIEF RIVER FALLS
APPLICATION FOR FINANCING**

Date _____ Meter Number: _____

Name: _____

Address: _____

Manufacturer: _____ Manufacturer: _____

Model # _____ Model # _____

Serial # _____ Serial # _____

Applicant understands that the City of Thief River Falls incurs no obligation by acceptance of this application and that the financing is dependent upon a satisfactory credit rating found to be in applicant. Applicant agrees to execute and appropriate Security Agreement and Financing Statement to create a lien on the property wherein the above described unit is installed to exist while any portion of the balance of funds advanced by the City remains unpaid.

Signed: _____
Owner/Applicant

Billing Address: _____
Street/P.O. Box City State Zip

Financing	Term	Rate	Maximum
<input type="checkbox"/> Electric Off-Peak System – 100% Controlled	5 yrs	5%	\$8,000.00
<input type="checkbox"/> Electric Secondary Heating System	5 yrs	5%	\$8,000.00
<input type="checkbox"/> Energy Star Air Source Heat Pump	5 yrs	0%	\$5,000.00
<input type="checkbox"/> Non-Energy Star Heat Pump with Dual Heat	5 yrs	5%	\$5,000.00
<input type="checkbox"/> Non-Energy Star Heat Pump without Dual Heat	5 yrs	7%	\$5,000.00
<input type="checkbox"/> Energy Star Mini-Split Ductless Heat Pump	5 yrs	0%	\$5,000.00
<input type="checkbox"/> Energy Star Ground Source Heat Pump	5 yrs	1%	\$5,000.00

Date Installation Completed	Contractor/Installer
City Personnel Inspected By	Date Inspection Completed
Loan Date	Check Amount