

MISSOURI  
**LINKED\*DEPOSIT**  
*Loans to Develop Our Future*

**ALTERNATIVE ENERGY CONSUMER LOAN APPLICATION**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

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

County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Amount Requested \_\_\_\_\_ Total Cost of Project: \_\_\_\_\_

Energy Source:  Solar  Wind  Other \_\_\_\_\_

Reason for Project:  Energy savings  Positive environmental impact  Other: \_\_\_\_\_

Description of Project: \_\_\_\_\_

**NOTE:** *Linked deposits are typically issued by the State Treasurer's Office for a one-year term, which will be renewed annually up to five years. A deposit for a multi-year term may be considered. If you are requesting a multi-year loan, please attach a justification based on sound business reasons.*

**DEMOGRAPHIC INFORMATION**

Have you participated in the State's linked deposit program previously?  Yes  No

If yes, what time period: \_\_\_\_\_

Please check if you are a Minority-owned firm  and/or a Female-owned firm  (question required by SB 270)

Please check if you are a veteran, reservist or member of National Guard  or the spouse of such

**APPLICANT CERTIFICATION:**

*In submitting this application, I the undersigned eligible borrower have read the following and hereby certify and agree that I meet the following eligibility criteria:*

- (a) Am a resident of Missouri and at least 18 years of age.  True  False
- (b) The proposed project is located within the State of Missouri.  True  False
- (c) Funds will only be used for purchase, installation or construction of facilities or equipment related to the production of fuel or power primarily for my own use from energy sources other than fossil fuels  True  False
- (d) Do not currently owe any unpaid, non-protested taxes to the State or any political subdivision\*  True  False



**CLINT ZWEIFEL**  
MISSOURI STATE TREASURER

Missouri State Treasurer Clint Zweifel o P.O. Box 210 o Jefferson City, MO 65102  
(573) 751-2372 o [LinkedDeposit@treasurer.mo.gov](mailto:LinkedDeposit@treasurer.mo.gov) o [www.treasurer.mo.gov/LinkedDeposit](http://www.treasurer.mo.gov/LinkedDeposit)

Revised 2/10/10



(e) Individual has no environmental compliance issues with the MO Department of Natural Resources.\*  True  False

\* NOTE: The State Treasurer's Office may require documentation to verify compliance with these statements.

*I further certify that the reduced rate loan will be used exclusively for eligible expenses related to the production of power from energy sources other than fossil fuel, and that I am aware of the Conflict of Interest Policy adopted by the State Treasurer's Office and I comply with that policy. Additionally, I attest that I am in compliance with all state and federal laws. In the event that the loan proceeds are not used for allowable expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand that the Treasurer may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests including preparation of an updated application. I understand that any intentional misrepresentation or misuse of linked deposit loan funds subjects the responsible party to criminal liability.*

*I understand that by participating in the Missouri Linked Deposit Program I am subject to all Revised Missouri Statutes related to receiving state monies, including chapter 610, the Missouri Sunshine Law. By signing below and accepting the linked deposit, I acknowledge that information related to this linked deposit application may be released in the promotion of the Missouri Linked Deposit program within the constraints set forth in Chapter 610, RSMo.*

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Name (type or print) Title (if business)

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Signature Date

**BANK CERTIFICATION:**

*After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the Missouri Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify the State Treasurer and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to the State Treasurer in determining whether this applicant is an appropriate participant in the Missouri Linked Deposit Program and agrees to immediately notify the State Treasurer if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this program.*

*I further certify that the bank is maintaining the documentation that proves eligibility of applicant(s) and can provide this information if requested by the State Treasurer's Office. (Resources that may be used to verify certification includes copies of driver's license (age), tax return (address), financial statement (equity of applicant), and the county appraisal (acreage owned in county)).*

The interest rate that would normally apply to this loan is \_\_\_\_\_%.

For Lender:

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Signature Title Date