

PROJECTED DEBT SERVICE REQUIREMENTS (AMORTIZATION)

Michigan Department of Health & Human Services

CERTIFICATE OF NEED

South Grand Building
333 S. Grand Avenue, 4th Floor
Lansing, Michigan 48933

Phone: (517) 241-3344 - Fax (517) 241-2962

<p>AUTHORITY: PA 368 of 1978, as amended COMPLETION: Is Voluntary, but is required to obtain a Certificate of Need. If NOT completed, a Certificate of Need will NOT be issued.</p>	<p>The Department of Health & Human Services is an equal opportunity employer, services and programs provider.</p>
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INSTRUCTIONS:

- A computer printout (8.5 by 11 inches) may be attached in lieu of completing this form; however, **you must provide ALL requested information.**
- Include only one depreciation and amortization entry related to this project.
- If the proposed financing for this project involves a bank line of credit, allows a par call of bonds, allows for lump sum reduction in principal, or involves a floating interest rate, complete the schedule in accordance with the provisions of the bond agreement and describe the details of the financing.

Type of Instrument (describe)			
Estimated date of closing	Number of payments	Amount of loan or bond	Anticipated rate of interest
Payment for level debt service (if applicable)		Frequency of payments	

YEAR	FISCAL YEAR ENDING	INTEREST	PRINCIPAL	DEPRECIATION and AMORTIZATION	EXCESS (DEFICIT) OF DEPRECIATION OVER PRINCIPAL
1					
2					
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4					
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YEAR	FISCAL YEAR ENDING	INTEREST	PRINCIPAL	DEPRECIATION and AMORTIZATION	EXCESS (DEFICIT) OF DEPRECIATION OVER PRINCIPAL
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Use additional sheets as needed