Municipal Finance Qualifying Statement Worksheet

Issued under the authority of P.A. 34 of 2001.

INSTRUCTIONS. Use this worksheet as your guide to submit your information on-line site by following these steps:

- 1. Go to the Department's Web site at http://michigan.gov/treasury.
- 2. Next, click on "Local Government."
- 3. Then select "Municipal Finance."
- 4. Finally, select "Online Qualifying Statement" from the list.

Direct questions to (517) 373-0660 or e-mail to Treas_MunicipalFinance@michigan.gov

MUNICIPALITY INFORMATION

Legal Name of Municipality			County(les)						
Municipality Type					Most Recently Completed Fiscal Year End Date (month/year)				
Mos	t Recent State Equalized Value	Year	Most Recent Taxable Value		Year	Most Recent Population		′ear	
GE	NERAL INFORMATION					,	1		
1.	Has the local unit been in c a local hospital finance au						Yes	No	
2.	Was the local unit required year?						Yes	No	
3.	Are all outstanding securities of the municipality authorized by statute? If there are no outstanding securities, answer "YES"						Yes	No	
4.	Is the municipality in violation of any provision in the covenants for an outstanding security, including but not limited to short-term municipal security set-aside requirements; statutory debt limitations for short-term municipal securities; and required funding levels for revenue bond reserve accounts						Yes	No	
5.	Did the municipality submit 18 months that was mater						Yes	No	
6.	Did the municipality issue a refunding security in the preceding fiscal year to avan outstanding security?						Yes	No	
ΑU	DIT REPORT (most rec	ent as requ	ired by statute)						
7.	Was the most recent audit	report filed wi	ith Treasury within 6 mo	nths fron	n the end of t	he fiscal year?	Yes	No	
8.	Are there any unreserved enterprise funds? If "NO,"						Yes	No	
9.	If there were deficits, has a	a deficit elimir	nation plan been filed wi	th Treas	ury?		Yes	No	
10.	Enter the total fund balance the most recent fiscal year	•	_						
11.	Enter the total amount of p	•		•					

GENERAL FINANCE

12.	ere employee taxes withheld transferred timely to the appropriate agency?			No				
13.	Were taxes collected as agent for another taxing unit transferred tirdoes not apply, answer "YES."	•	Yes	No				
14.	Were all required pensions, retirement, or benefit plans contribution	Yes	No					
15.	i. Enter the total dollar amount of taxes that you levied in the last calendar year							
16.	. Enter the total dollar amount of those taxes levied that were delinquent as of the following March 1							
17.	Were there any violations of finance or tax-related State or Federal statutes during the preceding fiscal year as determined by a court of competent jurisdiction?							
CERTIFICATION								
I, the undersigned, certify that this statement is complete and accurate in all respects. I understand that providing false information in this qualifying statement is guilty of a misdemeanor pursuant to the Michigan Penal Code (MCL 750.489).								
Chie	f Administrative Officer Name and Title (Typed or Printed)	Chief Administrative Officer's Signature						
Mail	ng Address*	Telephone Number	Date					

^{*} The Department of Treasury's response to this application will be mailed to this address.