**Debt Limit (G.L. c. 44, § 10) Application**

Relative to your request, please provide an electronic copy of the following information at least 10 days prior to the scheduled Municipal Finance Oversight Board meeting:

1. A written request for a hearing

2. A cover letter explaining the reason the city/town is seeking an increase of the debt limit and the increase sought

3. Completed Debt Limit Questionnaire

4. An explanation of what the increased debt limit will be used for.

5. A certified copy (sealed by the clerk) of the article(s) and vote(s) of the town meeting, city council, district vote (including members’ votes or certifications that no meetings were held). Also send any special election, override or exemption votes

6. Debt statement presenting all current and outstanding debt and authorized and unissued  
debt

7. A copy of the most recent municipal audit

Thank you.



Hilary Weinert Hershman

Any questions please call (857) 242-5424 or write to:

Hilary Weinert Hershman

Municipal Finance Oversight Board

Office of the State Auditor

One Winter Street, 9th Floor

Boston, MA 02108

hilary.hershman@sao.state.ma.us

**Debt Limit Questionnaire**

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| Questionnaire for: | | | Insert Municipality Name | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | |
| 1. List City/Town/District officials (i.e. mayor, council, selectmen, treasurer, auditor, superintendent) | | | | | | | | | | | | | | |
| Insert name of official and title | | | | | |  | Insert name of official and title | | | | | | | |
| Insert name of official and title | | | | | |  | Insert name of official and title | | | | | | | |
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|  | | | | | |  |  | | | | | | | |
| 1. County |  | Select county |  |  | City/Town Population | | | | | | | Enter population | | |
| 1. Total budget for present fiscal year | | | |  | Enter FY | | | |  | Enter total budget | | | | |
| 1. Total outstanding debt as of Click here to enter a date | | | |  | Enter total outstanding debt | | | | | | | | | |
| 1. Authorized, unissued debt as of Click here to enter a date | | | |  | Enter authorized, unissued debt | | | | | | | | | |
| 1. Current fiscal year debts service | | | |  | Enter FY | | | |  | Enter debt service | | | | |
|  | | | |  | Principal: | | | Enter amount | | | | | Interest: | Enter amount |
| 1. Statutory Debt Limit | | | |  | Enter current statutory debt limit | | | | | | | | | |
| 1. Debt service excluded from levy | | | |  | Enter debt service excluded from levy | | | | | | | | | |
| 1. Future Capital Needs | | | |  | Enter estimated future capital needs | | | | | | | | | |