|  |  |  |
| --- | --- | --- |
|  | **North Carolina Department of Environmental Quality****Division of Water Infrastructure****Water & Sewer Financial Information Form**(revised July 2023) |  |

Complete the following information related to your system’s Enterprise Fund. If your Enterprise Funds are separate for water and wastewater, *please supply sheets for the appropriate fund*. If the application is for a specific District or system with its own fund, provide only that District’s or system’s financial information.

1. Supply the required information below.

|  |  |  |
| --- | --- | --- |
| [ ]  Combined System | [ ]  Water System | [ ]  Wastewater System |

|  |  |
| --- | --- |
| Unit Name: |       |
| Fund Name: |       |

1. Provide the following information for the past three fiscal years *for which an audit has been completed and submitted to the Local Government Commission (or the equivalent if not a local government unit).*

|  |  |
| --- | --- |
|  | **Fiscal Years** |
|  |       |       |       |
| **Operating Revenues** |
| Customer Charges |       |       |       |
| Connection Fees |       |       |       |
| Other Revenue |       |       |       |
| **Total Operating Revenues** |  |  |  |
| **Expenditures** |
| *Administration* |  |
| Salaries |       |       |       |
| Other |       |       |       |
| *Operations* |  |
| Salaries |       |       |       |
| Other |       |       |       |
| **Total Expenditures** |  |  |  |
| **Other** (do not include depreciation) |
| Debt principal |       |       |       |
| Interest |       |       |       |
| Capital outlay |       |       |       |
| Capital reserve |       |       |       |
| Transfer from (to) other funds |       |       |       |
| Other (list):        |  |  |  |
| **Total Other** |  |  |  |
| **Net Income (Loss)**  |  |  |  |

(OVER)

1. Certification. Please read and sign below.

I attest that the fiscal information provided in this form, to the best of my knowledge, is accurate, complete, true, and matches audits for the past three years (or the equivalent formal financial records for non-local government applicants).

I further attest that, to the best of my knowledge, if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has made any transfers within the past three years, these transfers are shown (Local government unit, or utility)

in Item #2 of this form.

|  |
| --- |
|  |
| **SIGNATURE OF****FINANCE OFFICER** |  | **DATE** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **TYPED NAME** |  | **TYPED TITLE** |