



Thank you for your application. If you have questions, please contact an IFA Funding Manager. Our office locations are listed at the end of this form.

ILLINOIS FINANCE AUTHORITY

APPLICATION FOR INDUSTRIAL REVENUE BOND AND EXEMPT FACILITIES REVENUE BOND FINANCINGS

APPLICATION # _____

A. COMPANY

1. Legal Name and Address of Borrower:

Name

Address City State Zip Code County

Contact Person Title Telephone Number

2. Name and Address of Principal Occupant or User (if different from #1)

Name

Address City State Zip Code County

3. Type of Loan: Conduit: _____ Tax-Exempt: _____ Taxable: _____

4. Type of Business/Operation at subject location(s): _____

5. SIC/NAICS Code: _____ SIC/NAICS Category: _____

6. Federal Tax ID Number or Borrower's Social Security Number : _____

7. Form of Organization of Borrower(s)

a. Individual Proprietorship

b. Partnership: General Limited
 Illinois Other State: _____

c. Corporation: Private Public
State of Incorporation: _____ Date: _____

d. Limited Liability Company:
State of Organization: _____ Date: _____

8. Is the Company Wholly or Partly Owned by Any Other Business?

No Yes (Explain): _____

9. Names and address of principal shareholders (1% or more) and/or all general partners or members of any LLC that will own the project (or serve as a co-borrower):

<u>Name</u>	<u>Address</u>	<u>% of Ownership/Membership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

a. If ownership of any property financed will be by a Land Trust, identify the trust and all beneficiaries, including the percentage of beneficial interest of each:

Trust: _____

<u>Name of Beneficiaries</u>	<u>Address</u>	<u>% of Beneficial Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Management:

Please list those people who will be responsible for the management of the company.

<u>Name</u>	<u>Position</u>	<u>Percent Ownership</u>	<u>Year Started With Company</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. History and Background of Business and Developer (or Project Owner)

- Please list:

- Date established
- Dates of major changes in business
- Employee and sales growth
- Dates new product lines were established, and
- Other major influences on the business or products produced

b. (Applicable only to real estate projects) Please provide a detailed description of the developer's performance history in the development and leasing of similar properties. In addition, include the following information: (Include all supplemental materials, if any, in Section F. Attachments).

- Type of projects
- Location
- Dates
- Type of user and building, etc.

B. PROJECT

12. Project Description

Briefly describe all elements of the proposed project, including land acquisition, building construction, acquisition and/or renovation, equipment purchases and installation, etc. Estimate the project development timetable (including project commencement and completion dates). If the applicant will occupy less than 100% of the building, provide information regarding any unrelated third-party tenant(s), if any. Please provide the tenant name, type of business, amount of space to be leased, monthly and annual lease payment, and term of the underlying lease agreement (contract). Describe what the facility is to be used for and by whom.

13. Describe the products to be produced at the proposed facility by the applicant at the facility (and the activities to be undertaken by any tenants, as applicable).

14. Description of Machinery and Equipment to be Acquired with Proceeds of the Bond Issue:

List all major equipment, or categories of equipment. Include the cost, and whether it is new or used. State the amount of lead time necessary between placement of an order and delivery. (Include attachments, if any).

<u>Machinery & Equipment</u>	<u>Lead Time</u>	<u>New/Used</u>	<u>Cost</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Project Location: (attach additional locations as necessary, including the 9-digit Zip code for each site)

Address	City	9-Digit Zip Code	County
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Is the project located in (a) an Illinois Department of Commerce and Economic Opportunity Enterprise Zone or (b) local Tax Increment Financing District? No Yes

Name of Illinois Enterprise Zone and/or Local Tax Increment Financing District:

16. Site Information:

Number of acres or square feet: _____

Access Roads: Yes No Rail Siding: Yes No

Utilities Available:

- Water
- Electricity
- Sewer

17. District Numbers: (Add attachment if necessary in order to list multiple project districts):

Source: Illinois State Board of Elections website (Find District)
www.elections.il.gov/DistrictLocator/DistrictOfficialSearchByAddress.aspx

U.S. Congressional _____ Illinois House _____ Illinois Senate _____

18. **Building Information:**

	<u>Existing Structure(s)</u>	<u>New Construction (or Addition)</u>
Number of Buildings	_____	_____
Dimensions	_____	_____
Square Feet	_____	_____
Number of Stories	_____	_____

Construction Type:

- ___ Masonry
- ___ Metal
- ___ Other (Describe): _____

Type of Use:	<u>Square Footage</u>	<u>Square Footage</u>
Office	_____	_____
Retail	_____	_____
Manufacturing	_____	_____
Warehouse/Distribution	_____	_____

19. **Please describe fully the collateral to be offered to the Illinois Finance Authority or directly to Bondholders as security for the loan (i.e., first or second mortgage, first or second lien on equipment, personal guarantees, corporate guarantee, co-signer, etc.), if applicable. Note: This question is not applicable for Applicants whose Bonds will be secured by a Bank Letter of Credit [or other credit enhancement] or purchased as a direct investment by the Applicant's Bank/Lender.**

C. SOURCES & USE OF FUNDS

23. Summary of Project Costs	<u>Percent of Cost</u>
Land Acquisition..... \$ _____	_____
Building Acquisition..... _____	_____
Rehabilitation..... _____	_____
New Construction..... _____	_____
New Machinery & Equipment..... _____	_____
Used Machinery & Equipment..... _____	_____
Architectural & Engineering..... _____	_____
Legal & Professional..... _____	_____
Other*	_____
Other*	_____
Total Project Costs..... \$ _____	<u>100%</u>

24. Sources of Funds		
Bond Amount	\$ _____	_____
Bank Financing.....	_____	_____
Other*	_____	_____
Other*	_____	_____
Equity.....	_____	_____
Total Source of Funds..... \$ _____		<u>100%</u>

D. FINANCING

25. Existing Financing Arrangements: List any bank line(s) of credit, other bank term loans, short-term debt, etc. Identify the bank(s) and account officer(s).

26. Description of Financing Structure (select Item 26a, 26b, or 26c as applicable to your financing):

a. If Bank Letter of Credit Structure: If your Bank/Lender will be providing credit enhancement to facilitate a sale in the national capital markets, please identify your Bank/Credit Enhancer and the proposed terms of the Direct Pay Letter of Credit : (if a Commitment, or Letter of Interest has been received, please attach copy).

(i) Name of Direct Pay Letter of Credit Bank: _____

Interest Rate Mode: _____ Term: _____ Amortization: _____

(b) Name of Proposed Investment Bank/Underwriter: _____

- b. **If Bank Direct Purchase Structure: If your Bank/Lender will purchase the Bonds as a Direct Investment:** (if a Commitment, or Letter of Interest has been received, please attach copy).

Name of Bank/Lender that will serve as Direct Lender/Bond Investor:

Estimated Rate: _____ Term: _____ Amortization: _____

- c. **If Borrower has its own Investment Grade Rating and will sell Bonds based on your Company's credit rating:**

Please identify your Company's current credit ratings (as of the date of execution of this application). In addition to reporting the applicable rating and outlook, please note the date on which the rating was awarded or most recently affirmed, as applicable:

Moody's: _____ S&P: _____ Fitch: _____

Estimated Interest Rate Mode (Fixed or Variable): _____ Term: _____

Amortization: _____

Supplemental Credit Enhancement (e.g., Bank Letter of Credit or Bond Insurance), if applicable: _____

27. Guarantees or Additional Collateral (if applicable):

- a. For Non-rated Bonds to be sold into the market on a Non-Rated Basis (if applicable): If repayment of the Bonds (on bonds sold on a non-rated, unenhanced basis in the national capital markets) is to be guaranteed by an entity other than the Borrower, please list the name and address of the guarantor(s) and their relationship to the Borrower.

- b. (If applicable) If there will be personal guarantees pledged directly to the Bondholders, please complete Forms F-4 (Statement of Personal History) and F-5 (Personal Financial Statement).

E. EMPLOYMENT

28. Current and Projected Employment:

The purpose of the Illinois Finance Authority is to create new, permanent jobs and/or assist in the retention of existing jobs. The Authority places a great deal of emphasis on this section in arriving at their final decision regarding approval or disapproval of this application. We urge you to be as thorough and accurate as possible in arriving at your estimates.

a. Total Current and Projected Employment, Annual Payroll, and Production Shifts

Employment Categories	Current Employment		1 Year After Project Completion		2 Years After Project Completion	
	Obligor	Tenant	Obligor	Tenant	Obligor	Tenant
Professional	_____	_____	_____	_____	_____	_____
Clerical and Administrative	_____	_____	_____	_____	_____	_____
Skilled	_____	_____	_____	_____	_____	_____
Semi-Skilled	_____	_____	_____	_____	_____	_____
Unskilled	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____
Annual Payroll	_____	_____	_____	_____	_____	_____
Number of Shifts Per Day	_____	_____	_____	_____	_____	_____

b. Employment and Tenant Information (applicable to Commercial Real Estate Projects Only)

Tenant Company and/or Type of User	Lease Type (Gross or Net)	\$ Amt. Per Sq. Ft./Yr.	Amount Leased (Sq. Ft.)	Term Of Lease	Status Intent Pre-Leased	Employment Retained New Total
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

c. Please list the assumptions used for the employment projections above in Item 27a or 27b:

- d. If this application pertains to the retention of existing jobs, please state the number of employees to be retained, and explain why these jobs would be eliminated or reduced if the Bonds are not issued.

28. Please estimate the number of construction jobs to be created as a result of this project (both peak and average):

Estimated number of months construction workers will be employed: _____

**F. COMMUNITY IMPACT
ECONOMIC FEASIBILITY AND MARKETING INFORMATION**

29. **Economic and Community Impact:**

Describe the project's overall impact on the surrounding community (i.e., increased traffic, generation of retail sales taxes, real estate (property) taxes to the community, environmental impact, employment opportunities, quality of life, etc.).

State why tax-exempt financing will help the borrower. Explain why IFA financing is necessary for this project to be successful. (Include supplemental materials, if any.)

For INDUSTRIAL projects

Document the increased demand for your product(s) driving the need for the proposed expansion (e.g., turning away business; current order backlogs; and describe marketing methods to be used in the distribution of your product(s). Please identify your major customers, competitors, and suppliers (disclosure of your customers, competitors, and suppliers will remain confidential).

For COMMERCIAL projects

Provide a market study for the project which includes information on comparable properties or projects in the pertinent market area. Describe competitive projects and market rents in the area, access to the site and provide background profile on the management agent for the project or property. What impact will this project have on comparable properties within the market area? The Authority will request a copy of the final market study prepared in connection with the final bank financing.

G. PROFESSIONAL REPRESENTATION FOR THE BORROWER/APPLICANT

Please attach contact information (i.e., company name; contact name/title; mailing address; contact direct telephone; fax; contact e-mail address) for the following participants in the proposed financing. If unknown at this time, indicate "To be determined" or "TBD".

- Borrower's Counsel
- Borrower's Auditor/ Outside CPA
- Bond Counsel
- Business Advisor/Financial Advisor to Borrower
- Credit Enhancement (i.e., Bond Insurer or Letter of Credit Bank)
- Direct Bond Purchaser/Investor (Non-Letter of Credit Structure)
- Counsel to Credit Enhancer or Direct Bond Purchaser/Investor
- Underwriter/Placement Agent
- Counsel to Underwriter/Placement Agent:
- Bond Trustee
- Rating Agency(ies)
- Architect (applicable to construction/renovation projects only)
- General Contractor (applicable to new construction/renovation projects only)

H. REQUIRED ATTACHMENTS (All Projects)

- Signed, dated IFA Application form
- \$1,500 non-refundable application fee, payable to "Illinois Finance Authority", remitted by check or via wire transfer (please contact IFA for wire transfer instructions).
- Copies of applicable sales brochures, industry trade articles, general press articles
- Web site URL
- Copies of last 3 years of financial statements with footnotes as prepared by outside CPA (can be audited, reviewed, or compiled). If financial statements are not available for any of the past 3 years, applicant may complete Forms F-1(a) and F-1(b) instead (not required if CPA statements are submitted).
- 3 Year Forecast of Sales and Earnings Form F-2(a). Employee-related expenses should be consistent with phase-in of new project. A brief explanation for the underlying assumptions is optional. (The Authority's staff are available to provide additional guidance.)
- 3 Year Forecast Balance Sheet is optional (Form F-2(b)). (The Authority's staff are available to provide additional guidance.)
- Complete a Statement of Personal History (Forms F-4) for any owner of 7.5% or more of the Applicant or Operating Company.
- Required for Taxable Commercial/Rental Real Estate Projects Only: Net Operating Income/Cash Flow Analysis.

I. SUPPLEMENTAL ITEMS REQUIRED ONLY FOR NON-RECOURSE PROJECT FINANCINGS:

- Non-recourse, start-up companies without a corporate guarantor should also include personal financial statements for each key employee and complete a Statement of Personal History (Form F-5) for owners of 7.5% or more of the Applicant or Operating Company.
- Internal feasibility study covering a minimum of 5-years or an “as-if completed” or other acceptable “benchmarking” appraisal is required to accompany applications for non-recourse project financings. If this report is not available at the time of application, it should be submitted to IFA prior to approval of the Final Bond Resolution by IFA’s Board of Directors. Details should be comparable to information to be disclosed to prospective lenders or investors.

J. CERTIFICATION BY APPLICANT

Applicants are hereby notified that the provisions of the Prevailing Wage Act (Ill. Compiled Statutes, 820 ILCS 130 et. seq) and the Preference to Illinois Citizens Act (Ill. Compiled Statutes, 30 ILCS 570 et seq) may apply to the project which is the subject of this application. Construction cost estimates should take into account the effect of said Acts.

The applicant certifies by signing the application in the space below that the site for the proposed construction is not located in a SPECIAL FLOOD HAZARD AREA as defined and designated by the Illinois Department of Transportation, Division of Waterways; and that an investigation has been made to determine that it is not in such an area.

Applicant hereby certifies that all information contained above and in exhibits attached hereto is true to his/her best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the Illinois Finance Authority.

Date: _____

Applicant: _____

By: _____

Title: _____

Phone Number: _____

Date: _____

Illinois Finance Authority

By: _____

Title: _____

Please return completed application form (and attachments) to an Illinois Finance Authority office below:

Chicago	160 N. LaSalle St. Suite S-1000, Chicago, IL 60601 Mailing Address: P.O. Box 641249, Chicago, IL 60664	312.651.1300	312.651.1350 fax
Mt. Vernon	2929 Broadway, Suite 7B, Mt. Vernon, IL 62864	618.244.2424	618.244.2433 fax
Springfield	500 E. Monroe St., 3 rd Floor, Springfield, IL 62701	217.782.5792	217.782.3989 fax

www.il-fa.com

TTY: 1.800.526.0844 | VOICE : 1.800.526.0857

Form F-1 (a)

ILLINOIS FINANCE AUTHORITY

Company Name: _____

Preparer's Name: _____

Three Year Historical Comparison of Sales and Earnings

	<u>Year Ending</u>	<u>Year Ending</u>	<u>Year Ending</u>	<u>Interim</u>
<u>SALES/REVENUES</u>	\$ _____	\$ _____	\$ _____	\$ _____
Less: Cost of Goods Sold	_____	_____	_____	_____
Less: Cost of Goods Sold-Depreciation	_____	_____	_____	_____
Less: Cost of Goods Sold-Rent	_____	_____	_____	_____
<u>GROSS PROFIT</u>	\$ _____	\$ _____	\$ _____	\$ _____
Other Operating Income	_____	_____	_____	_____
Selling Expense	_____	_____	_____	_____
General and Administrative	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Officer's Compensation	_____	_____	_____	_____
Officers Bonus	_____	_____	_____	_____
Pension Plan Contribution	_____	_____	_____	_____
Profit Sharing Contribution	_____	_____	_____	_____
<u>TOTAL EXPENSES</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>OPERATING PROFIT</u>	\$ _____	\$ _____	\$ _____	\$ _____
Interest Income	_____	_____	_____	_____
Interest Expense	_____	_____	_____	_____
Other Income	_____	_____	_____	_____
Other Expense	_____	_____	_____	_____
<u>PROFIT BEFORE TAXES & EXTRAORDINARY ITEMS</u>	\$ _____	\$ _____	\$ _____	\$ _____
Extraordinary Income/Loss	_____	_____	_____	_____
<u>PROFIT BEFORE TAXES</u>	\$ _____	\$ _____	\$ _____	\$ _____
Less: Federal Income Taxes	_____	_____	_____	_____
Less: State Income Taxes	_____	_____	_____	_____
<u>NET INCOME</u>	\$ _____	\$ _____	\$ _____	\$ _____

ILLINOIS FINANCE AUTHORITY

Company Name: _____

Preparer's Name: _____

Three Year Historical Comparative Balance Sheet

	Year Ending	Year Ending	Year Ending	Interim
<u>CURRENT ASSETS</u>				
Cash	\$ _____	\$ _____	\$ _____	\$ _____
Accounts Receivable	_____	_____	_____	_____
Inventory	_____	_____	_____	_____
Prepaid Assets	_____	_____	_____	_____
Other Current Assets	_____	_____	_____	_____
<u>TOTAL CURRENT ASSETS</u>	\$ _____	\$ _____	\$ _____	\$ _____
Land	_____	_____	_____	_____
Building & Improvements	_____	_____	_____	_____
Machinery & Equipment	_____	_____	_____	_____
Leasehold Improvements	_____	_____	_____	_____
Other Fixed Assets	_____	_____	_____	_____
GROSS FIXED ASSETS	_____	_____	_____	_____
Accumulated Depreciation	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____
<u>TOTAL ASSETS</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>CURRENT LIABILITIES</u>				
Short Term Debt	\$ _____	\$ _____	\$ _____	\$ _____
Current Portion – LTD	_____	_____	_____	_____
Accounts Payable	_____	_____	_____	_____
Accrued Liabilities	_____	_____	_____	_____
Other Current Liabilities	_____	_____	_____	_____
<u>TOTAL CURRENT LIABILITIES</u>	\$ _____	\$ _____	\$ _____	\$ _____
Long Term Debt	_____	_____	_____	_____
<u>TOTAL LIABILITIES</u>	\$ _____	\$ _____	\$ _____	\$ _____
Net Worth	_____	_____	_____	_____
Common Stock	_____	_____	_____	_____
Paid In Capital	_____	_____	_____	_____
Retained Earnings	_____	_____	_____	_____
Treasury Stock	_____	_____	_____	_____
<u>TOTAL NET WORTH</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>TOTAL LIABS & NET WORTH</u>	\$ _____	\$ _____	\$ _____	\$ _____

To be Completed by Applicant – Please Discuss with the Authority’s staff

Form F-2(a)

ILLINOIS FINANCE AUTHORITY

Company Name: _____

Three Year Forecast of Sales and Earnings

	Year Ending	Year Ending	Year Ending
	_____	_____	_____
<u>SALES/REVENUES</u>	\$ _____	\$ _____	\$ _____
Less: Cost of Goods Sold	_____	_____	_____
Less: Cost of Goods Sold-Depreciation	_____	_____	_____
Less: Cost of Goods Sold-Rent	_____	_____	_____
<u>GROSS PROFIT</u>	\$ _____	\$ _____	\$ _____
Other Operating Income	\$ _____	\$ _____	\$ _____
Selling Expense	_____	_____	_____
General and Administrative	_____	_____	_____
Rent	_____	_____	_____
Officer’s Compensation	_____	_____	_____
Officers Bonus	_____	_____	_____
Pension Plan Contribution	_____	_____	_____
Profit Sharing Contribution	_____	_____	_____
Depreciation	_____	_____	_____
<u>TOTAL EXPENSES</u>	\$ _____	\$ _____	\$ _____
<u>OPERATING PROFIT</u>	\$ _____	\$ _____	\$ _____
Interest Income	_____	_____	_____
Interest Expense	_____	_____	_____
Other Income	_____	_____	_____
Other Expense	_____	_____	_____
<u>PROFIT BEFORE TAXES & EXTRAORDINARY ITEMS</u>	\$ _____	\$ _____	\$ _____
Extraordinary Income/Loss	_____	_____	_____
<u>PROFIT BEFORE TAXES</u>	\$ _____	\$ _____	\$ _____
Less: Federal Income Taxes	_____	_____	_____
Less: State Income Taxes	_____	_____	_____
<u>NET INCOME</u>	\$ _____	\$ _____	\$ _____

Form F-2(b)

ILLINOIS FINANCE AUTHORITY

Company Name: _____

Three Year Balance Sheet Forecast

	Year Ending	Year Ending	Year Ending
	_____	_____	_____
<u>CURRENT ASSETS</u>	\$ _____	\$ _____	\$ _____
Cash.....	_____	_____	_____
Accounts Receivable.....	_____	_____	_____
Inventory.....	_____	_____	_____
Prepaid Assets.....	_____	_____	_____
Other Current Assets.....	_____	_____	_____
<u>TOTAL CURRENT ASSETS</u>	\$ _____	\$ _____	\$ _____
Land.....	_____	_____	_____
Building & Improvements.....	_____	_____	_____
Machinery & Equipment.....	_____	_____	_____
Leasehold Improvements.....	_____	_____	_____
Other Fixed Assets.....	_____	_____	_____
GROSS FIXED ASSETS.....	_____	_____	_____
Accumulated Depreciation...	_____	_____	_____
Other Assets.....	_____	_____	_____
<u>TOTAL ASSETS</u>	\$ _____	\$ _____	\$ _____
<u>CURRENT LIABILITIES</u>	\$ _____	\$ _____	\$ _____
Short Term Debt.....	_____	_____	_____
Current Portion-LTD.....	_____	_____	_____
Accounts Payable.....	_____	_____	_____
Accrued Liabilities.....	_____	_____	_____
Other Current Liabilities.....	_____	_____	_____
<u>TOTAL CURRENT LIABILITIES</u>	\$ _____	\$ _____	\$ _____
Long Term Debt.....	_____	_____	_____
<u>TOTAL LIABILITIES</u>	\$ _____	\$ _____	\$ _____
Net Worth.....	_____	_____	_____
Common Stock.....	_____	_____	_____
Paid in Capital.....	_____	_____	_____
Retained Earnings.....	_____	_____	_____
Treasury Stock.....	_____	_____	_____
<u>TOTAL NET WORTH</u>	\$ _____	\$ _____	\$ _____
<u>TOTAL LIABILITIES & NET WORTH</u>	\$ _____	\$ _____	\$ _____

For Commercial Real Estate Projects Only –
Please Attach Years 4 and 5

ILLINOIS FINANCE AUTHORITY

Applicant: _____

**NET OPERATING INCOME/CASH FLOW FORECAST
FOR TAXABLE COMMERCIAL REAL ESTATE PROJECTS ONLY**

Potential Gross Income	Year 1	Year 2	Year 3
_____ square feet @ \$_____/sq. ft. office use	\$_____	\$_____	\$_____
_____ square feet @ \$_____/sq. ft. retail use	\$_____	\$_____	\$_____
Total Rent Collections:	\$_____	\$_____	\$_____
LESS Allowance for Vacancy and Income Loss	(\$_____)	(\$_____)	(\$_____)
Effective Gross Income	\$_____	\$_____	\$_____
LESS Operating Expenses:			
Real Estate Taxes.....	_____		
Insurance.....	_____		
Management.....	_____		
Janitor.....	_____		
Water.....	_____		
Electricity.....	_____		
Heat.....	_____		
Supplies.....	_____		
Advertising.....	_____		
Accounting/Legal Fees.....	_____		
Ground Maintenance.....	_____		
Repairs & Maintenance....	_____		
(Building)			
Total Operating Expenses\$	_____		
Net Operating Income	\$_____	\$_____	\$_____
LESS Projected Annual Debt Service	\$_____	\$_____	\$_____
CASH FLOW	\$_____	\$_____	\$_____

**ILLINOIS
FINANCE AUTHORITY**

STATEMENT OF PERSONAL HISTORY FOR IRB Projects

INSTRUCTIONS: This form must be completed by the proprietor (owner) if the applicant is a sole proprietorship, or by each general and each limited partner if the applicant is a partnership, or by each officer, each director, and each stockholder or member holding 7.5% or more of applicant's voting stock, if the applicant is a corporation or a limited liability company.

1. Name and address (Street, City, State and Zip Code)

Phone: ()

2. a. Place of birth (City and State or Country)

b. Date of birth (Month, day, year)

3. Citizen of United States? ___ Yes ___ No

4. Are you presently under indictment, on parole or probation?

___ Yes ___ No If Yes, please furnish details on a separate sheet.

5. Have you ever been charged with or arrested or convicted of any criminal offense other than a minor motor vehicle violation?

___ Yes ___ No If Yes, furnish details on a separate sheet.

6. Have you ever been in receivership or adjudicated bankrupt? ___ Yes ___ No If Yes, furnish details on a separate sheet.

8. Starting with present address, list residence address for the past 15 years:

Date	Address	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Starting with present employer, list all employers during the last 15 years:

Date	Address	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Education Background:

School Attended	Address	Dates	Graduated	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Name and Address of Bank: Checking Savings

12. The information on this form will be used in connection with an investigation of your character. Any information you wish to submit that you feel will expedite this investigation should be set forth below, if needed.

Signature:

Title:

Date

Large empty rectangular area for providing additional information or details.

NOTE: Only Required for New, Start-up Applicants

ILLINOIS FINANCE AUTHORITY

PERSONAL FINANCIAL STATEMENT

Date: _____

Name and Address – If joint statement for husband and wife, include both husband and wife’s full name. (John W. & Mary L. Smith)

Assets		Liabilities	
Cash on Hand and on Deposit.....	_____	Accounts Payable.....	_____
U.S. Government Bonds.....	_____	Notes Payable to Banks (Detail on Reverse Side).....	_____
Accounts & Notes Receivable.....	_____	Notes Payable to others (Detail on Reverse Side).....	_____
Life Insurance – Cash Surrender Value only (Do not deduct loans).....	_____	Installment Account – Auto (Total Monthly Payment).....	_____
Stocks and Bonds (Detail on Reverse Side).....	_____	Loans on Life Insurance.....	_____
Real Estate (Detail on Reverse Side).....	_____	Mortgages on Real Estate (Detail on Reverse Side).....	_____
Automobile(s) – Present Value.....	_____	Other Liabilities (Detail on Reverse Side).....	_____
Other Personal Property (Detail on Reverse Side).....	_____	Total Liabilities.....	_____
Other Assets (Detail on Reverse Side).....	_____	Net Worth.....	_____
Total Assets.....	\$ _____	Total Liabilities & Net Worth.....	\$ _____

Source of Income (Describe below all Items Listed) Contingent Liabilities

Salary (annually).....	_____	As Endorser or Co-Maker.....	_____
Investment Income (annually).....	_____	Legal Claims & Judgments.....	_____
Real Estate Income (annually).....	_____	Provision for Fed. Income Tax.....	_____
Other Income (annually – describe below).....	_____	Other Contingent Liabilities.....	_____

Personal Financial Statement Continued

Face Value Of No. Shares	Names of Securities	Cost	Market Value as of Statement Date	
			Quotation	Amount

REAL ESTATE

Location and Description	Year Purchased	Cost	Assessed Value	Fire Insurance	Present Value	Mortgage		Yearly Gross Rental Income
						Amount Due	When	
		\$	\$	\$	\$	\$		\$

Other Personal Property (Describe and if any is mortgaged, state name and address of mortgage holder and amount of mortgage, terms of payment and if delinquent, describe delinquency.)

Other Assets (Describe in detail)

Other Liabilities (Describe in detail)

**Form F-5
Personal Financial Statement Continued**

LIFE INSURANCE

Company	Face Amount Of Policy	Total Cash Surrender Value	Total Loans Against Policy	Beneficiary	To Whom Policy is Assigned
	\$	\$	\$		

In submitting the foregoing statement, the undersigned guarantees its accuracy with the intent that it be relied upon by the Illinois Finance Authority in its decision whether or not to grant approval of accompanying loan application.

Signature _____

Date: _____

Signature _____

Date: _____

Please return completed application form (and attachments) to an Illinois Finance Authority office below:

Chicago	160 N. LaSalle St. Suite S-1000, Chicago, IL 60601 Mailing Address: P.O. Box 641249, Chicago, IL 60664	312.651.1300	312.651.1350 fax
Mt. Vernon	2929 Broadway, Suite 7B, Mt. Vernon, IL 62864	618.244.2424	618.244.2433 fax
Springfield	500 E. Monroe St., 3 rd Floor, Springfield, IL 62701	217.782.5792	217.782.3989 fax

www.il-fa.com

TTY: 1.800.526.0844 | VOICE : 1.800.526.0857