

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

ILLINOIS FINANCE AUTHORITY

APPLICATION FOR INDUSTRIAL REVENUE BOND FINANCING

APPLICATION # _____

A. COMPANY

1. Legal Name and Address of Borrower:

Name

Address

City

State

Zip Code (9 digit)

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 (9 digit)

County

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

4. Type of Business:

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

6. Federal Tax ID 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. Other: _____

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:

<u>Name</u>	<u>Address</u>	<u>% of Ownership</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>Date Started With Company</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. History and Background of Business and Developer

a. 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. Please give a detailed description of the developers 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. Give the estimated project time frame (project commencement and completion dates). If the applicant will occupy less than 100% of the building, provide information regarding the tenant(s). Include tenant name, type of business, amount of space to be leased and term of lease agreement. 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 and any tenants.

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:

_____ - _____
Address City State Zip Code (9 digit) County

Is the project located in an Enterprise or Empowerment Zone? No Yes

Name of Enterprise or Empowerment Zone: _____

16. Is the project located in a Tax Increment Financing District?

No Yes Give Name: _____

17. Is the project site located in a designated Slum and Blighted area, Commercial district, or targeted Redevelopment area? If Yes, name the type of designation and the municipality or local jurisdiction body.

18. Site Information:

Number of acres or square feet: _____

Access Roads: No Yes Rail Siding: No Yes

Utilities Available:
Water Sewer
Electricity Natural Gas

19. **Site Improvements (i.e., parking, driveways, landscaping, etc.):**

20. **Districts:**

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

21. **Building Information:**

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

Construction Type:

Masonry

Metal

Other: _____

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

22. **Please describe fully the collateral to be offered to the Illinois Finance Authority as security for the loan (i.e., first or second mortgage, first or second lien on equipment, personal guarantees, corporate guarantee, co-signer, etc.)**

C. SOURCES & USE OF FUNDS

23. Summary of Project Costs		Percent
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>

25. Use of Bond Proceeds		
Land Acquisition.....	\$ _____	_____
Building Acquisition.....	_____	_____
Rehabilitation.....	_____	_____
New Construction.....	_____	_____
New Machinery & Equipment.....	_____	_____
Used Machinery & Equipment.....	_____	_____
Architectural & Engineering.....	_____	_____
Legal & Professional.....	_____	_____
Other**	_____	_____
Other**	_____	_____
 Total Bond Proceeds	 \$ _____	 <u>100%</u>

* Identify other sources: equity, bank financing, use of Federal, State or Local financing programs, etc.
 ** Identify other uses

D. FINANCING

26. **Existing Financing Arrangements:** List lines of credit, current loans, etc. Identify bank and account officer.

27. **Proposed Bond Purchaser:** (if a Commitment, or Letter of Interest has been received, please attach copy).

Rate: _____ Term: _____

28. **Will there be a Public Placement of the Bond Issue?** Yes No
If yes, give the name of the underwriter or investment banker.

29. **Guarantees:**

a. If repayment of the bond 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. Are the owner(s) and/or partners of the business or other interested parties going to personally guarantee repayment of the bonds? Yes No

If yes, list the names and complete Forms F-4 (Statement of Personal History) and F-5 (Personal Financial Statement).

c. Will there be additional credit enhancement (i.e., insurance, letter of credit, etc.)? Yes No

E. EMPLOYMENT

30. **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.

c. List the assumptions used for employment projections:

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 loan is not provided.

31. Please estimate the number of construction jobs to be created as a result of this project:

Estimated number of months construction workers will be employed: _____

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

32. Economic and Community Impact:

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

33. Economic Feasibility & Marketing Information:

State why you think the project is necessary. Explain why IFA financing is necessary for this project to be successful. (Include supplemental materials, if any.)

For INDUSTRIAL projects

Document the increased need for your product(s) and describe marketing methods to be used in the distribution of your product(s). Include your major customers, competitors, and suppliers.

For COMMERCIAL projects

Provide a market analysis study for the project which includes information on comparative buildings or developments in the project area. Describe your competition and market rents in the area, access to the site and a brief history on the leasing agent for the development, etc. What impact will this project have on the local office/retail markets?

**G. PROFESSIONAL REPRESENTATION
FOR THE COMPANY**

General Counsel:

Company Name

Address

City State Zip Code (9 digit)

Contact Person
(_____) _____
Telephone

Bond Counsel:

Company Name

Address

City State Zip Code (9 digit)

Contact Person
(_____) _____
Telephone

Accountant:

Company Name

Address

City State Zip Code (9 digit)

Contact Person
(_____) _____
Telephone

Consultant (if any):

Company Name

Address

City State Zip Code (9 digit)

Contact Person
(_____) _____
Telephone

H. CERTIFICATION BY APPLICANT

Applicants are hereby notified that the provisions of the Prevailing Wage Act (Ill. Rev. Stats. 1979, Ch. 48, 30s-1 et seq.) and the Preference to Citizens on Public Act (Ill. Rev. Stats. 1979, Ch. 48, 269 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 are 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: _____

FOR AUTHORITY USE ONLY

Date Application Received: _____

Application Fee Paid: \$ _____

Date Application Considered By IFA Board: _____

Application: Approved Disapproved Other _____

Date Final Bond Resolution Approved by Board: _____

Date of Closing: _____

Date Funds Disbursed: _____

Terms:

Interest Rate: _____

Number of Years: _____

To be Completed by Applicant

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>	\$ _____	\$ _____	\$ _____	\$ _____

Form F-1(b)

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>	\$ _____	\$ _____	\$ _____	\$ _____

ILLINOIS FINANCE AUTHORITY

Company Name: _____

Three Year Projection 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 Pro Forma Balance Sheet

	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>	\$ _____	\$ _____	\$ _____

Form F-3

To be Completed by Applicant

ILLINOIS FINANCE AUTHORITY

Applicant: _____

**CASH FLOW ANALYSIS
PROJECTED INCOME AND EXPENSE STATEMENT (ANNUAL)
FOR COMMERCIAL 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	\$ _____	\$ _____	\$ _____



To be Completed by: See Instructions

Form F-4

<p>ILLINOIS FINANCE AUTHORITY</p> <p>STATEMENT OF PERSONAL HISTORY</p>	<p>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 holding 3% or more of applicant's voting stock, if the applicant is a corporation.</p>																				
<p>1. Name and address (Street, City, State and Zip Code)</p> <p>Phone: _____</p>	<p>3. a. Place of birth (City and State or Foreign Country)</p> <p>_____</p> <p>b. Date of birth (Month, day, year)</p> <p>_____</p> <p>4. Citizen of United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Are you presently under indictment, on parole or probation?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details on a separate sheet.</p>																				
<p>a. Spouse's name in full (maiden name)</p> <p>_____</p> <p>2. Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/></p>	<p>6. Have you ever been charged with or arrested or convicted of any criminal offense other than a minor motor vehicle violation?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details on a separate sheet.</p>																				
<p>7. Have you ever been in receivership or adjudicated bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, furnish details on a separate sheet.</p>																					
<p>8. Starting with present address, list residence address for the past 15 years:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 40%;">Address</th> <th style="width: 20%;">City</th> <th style="width: 25%;">State</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Date	Address	City	State	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Date	Address	City	State																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
<p>9. Starting with present employer, list all employers during the last 15 years:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 40%;">Address</th> <th style="width: 20%;">City</th> <th style="width: 25%;">State</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Date	Address	City	State	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Date	Address	City	State																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		



Form F-4 continued

10. Education Background: School Attended	Address	Dates	Graduated	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. References - Personal (3) and Credit (3) (No Relatives)

Name	Address	Phone
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

12. Name and Address of Bank:

	Checking	Savings
_____	_____	_____
_____	_____	_____

13. 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: _____



To be Completed by Applicant

Form F-5

**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 & Judgement.....	_____
Real Estate Income (annually).....	_____	Provision for Fed. Income Tax.....	_____
Other Income (annually – describe below).....	_____	Other Contingent Liabilities.....	_____

Description of Items Listed Above:

**Form F-5
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(s) _____

Date: _____

Return completed forms to Illinois Finance Authority

Offices of the Illinois Finance Authority

<i>Chicago</i>	<i>180 N. Stetson Ave, #2555, Chicago, IL 60601</i>	<i>312.651.1300</i>	<i>312.651.1350 fax</i>
<i>Mt. Vernon</i>	<i>2929 Broadway, Suite 7B, Mt. Vernon, IL 62864</i>	<i>618.244.2424</i>	<i>618.244.2433 fax</i>
<i>Peoria</i>	<i>100 S. W. Water St., Peoria, IL 61602</i>	<i>309.495.5959</i>	<i>309.676.7534 fax</i>
<i>Springfield</i>	<i>620 E. Adams, Third Floor, Springfield, IL 62701</i>	<i>217.782.5792</i>	<i>217.782.3989 fax</i>

www.il-fa.com

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