



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 MIDWESTERN DISASTER AREA BOND FINANCING

APPLICATION # _____

A. Certification and Contact

1. The applicant certifies that:

A loss in trade or business was suffered attributable to severe storms, tornadoes or flooding resulting in a federal disaster declaration made between May 20, 2008 and August 1, 2008 (Note: it is NOT essential that an applicant have suffered a business loss , or

This business has or believes that it may be eligible to be designated by the Governor or the Illinois Department of Commerce and Economic Opportunity as replacing a business or trade that suffered a loss attributable to severe storms, tornadoes or flooding resulting in a federal disaster declaration made for 2008 storm damages in 18 Illinois counties.

NOTE: It is not essential that an MDAB applicant have suffered a business loss itself in order to qualify for MDAB financing. Question 1 and other questions in this application are intended to clarify the underlying facts for further review by other professionals working on this transaction (including bond counsel).

2. Amount of MDA Bonds Requested: \$ _____

3. Name of Project: _____

4. General Project Description: _____

5. Contact Person/Title of Owner, Beneficiary and or Operator of the Project (Applicant / Obligor):

Name/Title: _____

Company: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

6. Address/Location of Project:

Address: _____

City: _____

County: _____ Zip Code (plus 4): _____

7. Name and Address of Principal Occupant or User (if different from # A5)

Name/Title: _____

Company: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

8. The proceeds of the Midwestern Disaster Area bonds will be used for:

- Acquisition, construction, reconstruction or renovation of real property by a for-profit business (excluding residential rental properties)
- Multifamily rental project for low and moderate income individuals
- Repair or reconstruction of public utility property

a.) Type of Business: _____

b.) SIC/NAICS Code: _____ SIC/NAICS Category: _____

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

d.) Form of Organization of Applicant (Item 5) and Principal occupant/User (Item 7)

- i. Individual Proprietorship
- ii. Partnership: General Limited Illinois Other State: _____
- iii. Corporation: Private Public
 State of Incorporation: _____ Date: _____
- iv. Limited Liability Company State: _____
- v. Other: _____

e.) Is the Company Wholly or Partly Owned by Any Other Business? No Yes

(Explain): _____

f.) Names and address of principal shareholders (5.0% or more) and/or all general partners:

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

g.) 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

h.) Management: Please list those people who will be responsible for the management of the Operating Company.

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

i.) **History and Background of Business and Developer (Please use SEC filing excerpts or SEC filings if applicable)**

a. Please list:

- Date established
- Dates of major events in business (New facilities; new products, etc.)
- 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 developer's performance history (if applicable) 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

9. Project Description

Briefly describe all elements of the proposed project, (Description should be similar in content to Bond Resolution or TEFRA Hearing Notice language) including land acquisition; building construction, acquisition and/or renovation, equipment purchases and installation, etc. Provide an estimated project timetable (project commencement and completion dates). If the Applicant will occupy less than 100% of the building, provide information regarding all tenant(s). Include tenant name, type of business, amount of space to be leased and term of lease agreement. Describe how the leased facilities will be used by each tenant.

13. Describe the products to be produced at the proposed facility by the Applicant and any Tenants.

14. Is the project located in (a) an Illinois Department of Commerce and Economic Opportunity Enterprise Zone or (b) a Federally Designated Empowerment Zone? No Yes

Name of Illinois Enterprise Zone and/or Federal Empowerment Zone:

15. **Site Information:**

Number of acres or square feet: _____

Access Roads: Yes No Rail Siding: Yes No
Utilities Available: Water Electricity Sewer

16. **Districts: (Add attachment if necessary to list multiple project districts)**

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

17. **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	_____	_____

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

C. SOURCES & USE OF FUNDS

19. 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>

20. Sources of Funds

Bond Amount	\$ _____	_____
Bank Financing.....	_____	_____
Other****	_____	_____
Other*****	_____	_____
Equity.....	_____	_____

*Because of specific limitations relating to the use of Midwestern Disaster Area Bond Financing. Applicants should discuss this proposed project budget with Bond Counsel. The Authorizing legislation for Midwestern Disaster Area Bonds limits new or used equipment and imposes minimum rehabilitation requirements on buildings financed with bond proceeds.

D. FINANCING

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

26. **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 (or municipal bond insurer) and the proposed terms of the Direct Pay Letter of Credit : (if a Commitment, or Letter of Interest has been received, please attach copy).

(a) Name of Direct Pay Letter of Credit Bank (or Bond Insurer): _____

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

Rate: _____ Term: _____ Amortization: _____

27. **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:

Rate: _____ Term: _____ Amortization: _____

28. **Guarantees:**

a. 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 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) otherwise completion of these forms is not necessary.

E. EMPLOYMENT

29. 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 in thousands	_____	_____	_____	_____	_____	_____
Number of Shifts Per Day	_____	_____	_____	_____	_____	_____

b. List the assumptions used for employment projections:

c. If this application pertains to the retention of existing jobs or the creation of new jobs to replace employees displaced by the business that relocated elsewhere or closed as a result of the 2008 floods, 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.

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

Estimated number of month's construction workers will be employed: _____

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

31. 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.).

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 that includes information on comparative buildings or developments in the project area. Describe your project in relation to 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 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
- Credit Enhancement (i.e., LOC Bank or Bond Insurer)
- Direct Bond Purchaser/Investor (Non-LOC Structure)
- Counsel to Credit Enhancer or Direct Bond Purchaser/Investor
- Underwriter/Placement Agent:
- Counsel to Underwriter/Placement Agent:
- Bond Trustee
- Rating Agency(ies)
- Architect
- General Contractor

H. REQUIRED ATTACHMENTS (All Projects)

- Signed, dated IFA Application
- \$1,500 non-refundable application fee, payable to "Illinois Finance Authority".
- Copies of applicable sales brochures, industry trade articles, general press articles
- Copies of last 3 years of financial statements with footnotes as prepared by outside CPA (can be audited, reviewed, or compiled). If not available, 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.
- 3 Year Forecast Balance Sheet is optional (Form F-2(b)). (This may be required in the future depending on proposed IFA board policies – as of March 2008).
- Required for Taxable Commercial/Rental Real Estate Projects Only: Net Operating Income/Cash Flow Analysis
- Complete a Statement of Personal History (Forms F-4) for owners of 7.5% or more of the Applicant or Operating Company.

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

- An "as-if completed" appraisal or other acceptable "benchmarking" study is required to accompany applications for non-recourse project financings. If such a 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.

J. CERTIFICATION BY APPLICANT

Applicants are hereby notified that the provisions of the Prevailing Wage Act (Ill. Compiled Statutes, 820 ILCS 130 et. seq) apply 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 financing through the Illinois Finance Authority.

Date: _____

Applicant: _____

By: _____

Title: _____

Phone Number: _____

Date: _____

Illinois Finance Authority

By: _____

Title: _____

Not necessary if 10-K and 10-Q reports or audits are provided

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

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 Rental Real Estate Projects Only

Form F-3

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.... _____			
<i>(Building)</i>			
Total Operating Expenses\$ _____			
Net Operating Income	\$ _____	\$ _____	\$ _____
LESS Projected Annual Debt Service	\$ _____	\$ _____	\$ _____
CASH FLOW	\$ _____	\$ _____	\$ _____



**To be Completed by Owners of 5.0% or more of Borrower
or Applicant**

Form F-4

<p>ILLINOIS FINANCE AUTHORITY</p> <p>STATEMENT OF PERSONAL HISTORY FOR IRB Projects</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 or member holding 5.0% or more of applicant's voting stock, if the applicant is a corporation or a limited liability company.</p>																				
<p>1. Name and address (Street, City, State and Zip Code)</p> <p>Phone: ()</p>	<p>2. a. Place of birth (City and State or Foreign Country) _____</p> <p>b. Date of birth (Month, day, year) _____</p> <p>3. Citizen of United State? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please furnish details on a separate sheet.</p>																				
<p>_____</p>	<p>5. Have you ever been charged with or arrested or convicted of any criminal offense other than a minor motor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, furnish details on a separate sheet.</p>																				
<p>6. Have you ever been in receivership or adjudicated bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No 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: 25%;">City</th> <th style="width: 20%;">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: 25%;">City</th> <th style="width: 20%;">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> </tbody> </table>		Date	Address	City	State	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____				
Date	Address	City	State																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		



Form F-4 continued

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

11. Name and Address of Bank: ___ Checking ___ Savings

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

Signature:

Title:

Date



Only Required for New, Start-up Applicants

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



**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 _____

Date: _____

Signature _____

Date: _____

Return completed application and exhibits to Illinois Finance Authority

Offices of the Illinois Finance Authority

Chicago	180 N. Stetson Ave, Suite 2555, Chicago, IL 60601	312.651.1300	312.651.1350 fax
Mt. Vernon	2929 Broadway, Suite 7B, Mt. Vernon, IL 62864	61.8244.2424	618.244.2433 fax
Peoria	100 SW. Water St., Peoria, IL 61602	309.495.5959	309.676.7534 fax
Springfield	500 E. Monroe St., 3rd Fl, Springfield IL 62701	217.782.5792	217.782.3989 fax

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TTY: 1.800.526.0844

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