****

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**

**RURAL DEVELOPMENT LOAN APPLICATION**

**APPLICATION # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **COMPANY**
2. **Legal Name and Address of Applicant:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

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Address City State Zip Code (9 digit) County

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Title Telephone Number

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

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Address City State Zip Code (9 digit) County

1. **DUNS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: To obtain a **DUNS** number, call the toll-free number: 1-866-705-5711. You can also get the **DUNS** number

via the internet at [www.dnb.com/US/duns update/index.html](http://www.dnb.com/US/duns%20update/index.html) (click on “Request a D-U-N-S number”). Obtaining a **DUNS** number is free.

1. **Type of Business (manufacturing, retailing, distribution, etc.) and NAICS or SIC Code**:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Federal Tax ID Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Form of Organization of Borrower(s)**
3. Individual Proprietorship
4. Partnership:  General  Limited  Illinois  Other State, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Corporation:  Private  Public, State of Incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
6. Limited Liability Company  State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **Is the Company Wholly or Partly Owned by Any Other Business?**

**No**  **Yes** (Explain)

1. **Names and address of principal shareholders (3% or more) and/or all general partners:**

**Name and Address Percent of Ownership**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Management:**

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

**Percent Date Started**

**Name Position Ownership With Company**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **History of Business:**

Show date established, employee growth, sales growth, profit growth and the roles of company officials, if established Business, etc. *\*(please feel free to attached separate documents as necessary)*

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**B. PROJECT**

1. **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, and amount of space to be leased. Describe what the facility is to be used for and by whom.

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1. **Describe the products to be produced at the proposed facility if manufacturing:**

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1. **Description of machinery and equipment to be acquired with proceeds of the loan**:

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.)

**Lead New/**

**Machinery & Equipment Time Used Cost\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Project Location:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code (9 digit) County

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

Name of Enterprise Zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Site Information:**

Number of acres or sq. ft. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Access Roads  Yes  No

Utilities Available:

Water  Yes  No Sewer  Yes  No

Electricity  Yes  No Natural Gas  Yes  No

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Districts:**

U.S. Congressional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Illinois House \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Illinois Senate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Building Information:**

**Existing Structure(s) New Construction**

Number of Buildings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dimensions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Square Feet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Stories \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Construction Type:**

Masonry

Metal

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Existing Structure(s) New Construction**

**Type of Use: Percentage Percentage**

Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manufacturing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Warehouse/Distribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. TOTAL PROJECT FIXED COSTS**

1. **Project Expenditures**

Land Cost $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Costs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment Cost $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Engineering and Legal Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contingency $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Project Fixed Costs** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **FINANCING**
2. **Proposed Financing**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | % of  Project  Cost | Terms | | Amount |
| Yrs. | Int.  Rate |
| Illinois Finance Authority – Land Building |  |  |  | $ |
| Illinois Finance Authority – Equipment |  |  |  | $ |
| Banks (Insurance Co., etc) Address\* |  |  |  | $ |
| Government Funds (DCEO, etc.) |  |  |  | $ |
| Equity, cash invested by owner, (If borrowed, state source and  terms of loan in attachment.) |  |  |  | $ |
| Other |  |  |  | $ |
| TOTAL PROJECT COST (Should agree with the total of Item 18) | 100% |  |  | $ |

\*Describe collateral and whether the loan is senior or subordinated to IFA/Bank Participation.

1. **Federal & State Funding Sources and Contractual Agreements:**

**Please describe below any Federal or State Funding Sources that the corporation receives:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Funding Agency |  | Funding Type |  | Certification Status |  | Total Amount Provided (Annually) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Also, please describe any Federal or State Contractual Agreements (i.e. State Contracts):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Working Capital:**

List sources of working capital available to you, including lines of credit.

**Source Amount**

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1. **Guarantees:**
2. If repayment of the loan 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:

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Name Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

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City State City State

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Zip Code (9 digit) Relationship Zip Code (9 digit) Relationship

1. The Illinois Finance Authority requires loan repayments to be guaranteed by the owner(s) and/or partners of the business, or other interested parties. Exceptions to this requirement require detailed explanations. Please list all guarantors below and have each complete and sign forms (F-5 (Statement of Personal History) and F-6 (Personal Financial Statement).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **COLLATERAL**

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.) *\*(please feel free to attached separate documents as necessary)*

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1. **EMPLOYMENT**
2. **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.

**Total Current and Projected:**

**Employment, Annual Payroll, and Production Shifts**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employment Categories |  | Current Employment |  | 1 Year After  Project Completion |  | 2 Years After Project Completion |
| Professional |  |  |  |  |  |  |
| Clerical and Administrative |  |  |  |  |  |  |
| Skilled |  |  |  |  |  |  |
| Semi-Skilled |  |  |  |  |  |  |
| Unskilled |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| **Annual Payroll** |  |  |  |  |  |  |
| **Number of Shifts/Day** |  |  |  |  |  |  |

\*Includes current employees and the total new employees management estimates will be added at the end of the first year after project completion.

\*\*Includes current employees, the employees added during the first year, plus new employees estimated to be added during second year of operation after project completion.

1. **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 approved.**

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1. **Please estimate the number of construction jobs (for both industrial and commercial projects) to be created as a result of this project:**

Industrial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commercial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated number of months construction workers will be employed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **COMMUNITY IMPACT**

**ECONOMIC FEASIBLITY**

**MARKETING INFORMATION**

**27. 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.)

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1. **Economic Feasibility & Marketing Information:**

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1. **LEGAL DESCRIPTION OF SITE**

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1. **PROFESSIONAL REPRESENTATION**

**FOR THE COMPANY**

(TO BE COMPLETED BY APPLICANT)

ATTORNEY REPRESENTING COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_-\_\_\_\_\_\_

City Zip (9 digit)

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone

ACCOUNTANT REPRESENTING COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

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City Zip (9 digit)

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone

**Confidential Information**

If any personal or company information provided above is considered private and confidential information, please indicate below.

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1. **CERTIFICATION BY APPLICANT**

The applicant certifies by signing 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 best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the Illinois Finance Authority.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By

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Title

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Phone Number

**Illinois Finance Authority**

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

1. **IFA Nondiscrimination Policy**

**The Illinois Finance Authority prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, and reprisal.  Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact:  TTY 800/526-0844 / Voice 800/526-0857.**

**FOR AUTHORITY USE ONLY**

Date Application Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Fee Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Considered by IFA Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application:  Approved  Disapproved

Date Submitted to Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Closing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Funds Disbursed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Legal Fees Paid by Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return Completed Form to Illinois Finance Authority**

*Mt. Vernon 2929 Broadway, Suite 7B, Mt. Vernon, IL 62864 618.244.2424 618.244.2433 fax*

*Springfield 500 E. Monroe St., Third Floor, Springfield, IL 62701 217.782.5792 217.782.3989 fax*

[*www.il-fa.com*](http://www.il-fa.com) *TTY: 1.800.526.0844 | VOICE : 1.800.526.0857*

**Offices of the Illinois Finance Authority**

*Chicago 160 N. LaSalle St., S-1000, Chicago, IL 60601 312.651.1300 312.651.1350 fax*

1. **INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender’s compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity race, or se, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Borrower  I do not which to furnish this information | |  | Co-Borrower  I do not wish to furnish this information | | |
| Ethnicity:  Hispanic or Latino  Not Hispanic or Latino | | Ethnicity:  Hispanic or Latino  Not Hispanic or Latino | | |
| Race:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White | | Race:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White | | |
| Sex:  Female  Male | | Sex:  Female  Male | | |
| **To be Completed by Interviewer**  This application was taken by:  face-to-face interview  by mail  by telephone  internet | Interviewer’s Name (Print or type) | | | | Name & Address of Interviewer’s Employer |
| Interviewer’s Signature | | | Date |
| Interviewer’s Phone Number (Incl. Area Code) | | | |

[](http://en.wikipedia.org/wiki/File:International_Symbol_of_Access.svg)