



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 # _____

A. COMPANY

1. Legal Name and Address of Applicant:

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. 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 (click on "Request a D-U-N-S number"). Obtaining a **DUNS** number is free.

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

5. Federal Tax ID Number _____

6. 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 _____ Date: _____
- e. Other _____ Date _____

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

No Yes (Explain)

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

<u>Name and Address</u>	<u>Percent of Ownership</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. 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)*

B. PROJECT

11. 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.

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

13. 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.)

Machinery & Equipment	Lead Time	New/ Used	Cost
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. 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: _____

15. Site Information:

Number of acres or sq. ft. _____

Access Roads Yes No

Utilities Available:

Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sewer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electricity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Natural Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

17. Districts:

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

18. Building Information:

	Existing Structure(s)	New Construction
Number of Buildings	_____	_____
Dimensions	_____	_____
Square Feet	_____	_____
Number of Stories	_____	_____

Construction Type:

Masonry

- Metal
 Other: _____

Type of Use:	Existing Structure(s) Percentage	New Construction Percentage
Office	_____	_____
Retail	_____	_____
Manufacturing	_____	_____
Warehouse/Distribution	_____	_____

C. TOTAL PROJECT FIXED COSTS

19. Project Expenditures

Land Cost	\$ _____
Building Costs	\$ _____
Equipment Cost	\$ _____
Engineering and Legal Fees.....	\$ _____
Contingency	\$ _____
Other	\$ _____
Total Project Fixed Costs.....	\$ _____

D. FINANCING

20. 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.

21. 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):

22. Working Capital:

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

Source	Amount
_____	_____
_____	_____
_____	_____

23. Guarantees:

a. 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:

Name _____		Name _____	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Zip Code (9 digit) _____	Relationship _____	Zip Code (9 digit) _____	Relationship _____

- b. 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)).

E. 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)*

F. EMPLOYMENT

24. 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.

25. 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.

H. LEGAL DESCRIPTION OF SITE

**I. PROFESSIONAL REPRESENTATION
FOR THE COMPANY**

(TO BE COMPLETED BY APPLICANT)

ATTORNEY REPRESENTING COMPANY:

Name

Address

City _____ Zip (9 digit) _____
(____)

Phone

ACCOUNTANT REPRESENTING COMPANY:

Name

Address

City _____ Zip (9 digit) _____
(____)

Phone

Confidential Information

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

J. 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

Title

(_____) _____
Phone Number

Illinois Finance Authority

Date

By

Title

K. 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

Offices of the Illinois Finance Authority

Chicago	160 N. LaSalle St., S-1000, Chicago, IL 60601	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., Third Floor, Springfield, IL 62701	217.782.5792	217.782.3989 fax

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

