



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

## ECONOMIC DISCLOSURE STATEMENT

Please fill out the statement completely, with all information current as of the attestation date. Every question must be answered. If a question is not applicable, please answer with "N/A".

**This form must accompany all proposals submitted for Board consideration. An incomplete or improperly attested Disclosure Statement will be returned before any action will be taken by the IFA Board of Directors.**

### I. GENERAL INFORMATION

- A. Applicant: \_\_\_\_\_  
\_\_\_\_\_
- B. Project Name: \_\_\_\_\_  
\_\_\_\_\_
- C. Project Location: \_\_\_\_\_  
\_\_\_\_\_

### II. APPLICANT INFORMATION

#### A. The Applicant is a(n):

- 1. Individual \_\_\_\_\_
- 2. Corporation \_\_\_\_\_
- 3. General Partnership \_\_\_\_\_
- 4. Limited Partnership \_\_\_\_\_
- 5. Association, Joint or Common  
Venture \_\_\_\_\_

#### B. For a Corporation, Corporate Partner, Corporate Shareholder or Corporate Beneficiary:

- 1. If the applicant is a corporation having fewer than 100 shareholders, indicate or attach hereto a list of the names and addresses of all shareholders and the percentage of interest of each therein; identify the officers and the directors of such corporation.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. If the applicant is a corporation having 100 shareholders or more, indicate or attach hereto a list of the names and addresses of all shareholders owning shares equal to or in excess of 3% of the proportionate ownership interest and the percentage of interest of each therein; identify the officers and the directors of such corporation.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The applicant is incorporated under the laws of the State of \_\_\_\_\_ and authorized to do business in the State of \_\_\_\_\_. Its principal office is located near \_\_\_\_\_.

**C. For a Partnership, Association, Joint or Common Venture:**

1. If the applicant is a partnership, association or joint or common venture, indicate below the name and address of each such partner, associate, or person and the percentage of interest of each therein.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. For a Land Trust, Business Trust, Estate or Other:**

1. If the applicant is a land trust, business trust, estate or other similar commercial or legal entity, identify any representative, person or entity holding legal title as well as each beneficiary in whose behalf title is held, including the name, address and percentage of interest of each beneficiary.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** Whenever a stock or beneficial interest is held by a corporation or other legal entity, such shareholder or beneficiary of such entity shall also provide disclosure as required above for corporations or other legal entities. Attach any additional information required to this statement.

**III. Other Project Information**

**A. Title to any subject property is held by:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

If title is held by a corporation, partnership, or in a land trust, please list below the name, address and percentage of interest of each shareholder or beneficiary; holding a 3.0% or greater interest.

Name

Address

Percentage

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

**B. General Counsel:**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**C. Applicant's Accountant:**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**D. Bond Counsel:**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**E. Bond Purchaser/Underwriter:**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**F. Surety, Letter of Credit, or Credit Instrument Obligor:**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**G. Consultant(s):**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
By

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

Return completed form to Illinois Finance Authority

**Offices of the Illinois Finance Authority**

Chicago	180 N. Stetson Ave, #2555, 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
Peoria	100 S. W. Water St., Peoria, IL 61602	309.495.5959	309.676.7534 fax
Springfield	620 E. Adams St., Third Floor, Springfield, IL 62701	217.782.5792	217.782.3989 fax

[www.il-fa.com](http://www.il-fa.com)

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