

**Application for Small Business Improvement Fund Grant  
City of Chicago**

1) **Business** (if applicable):                      **TIF District:** \_\_\_\_\_ **WARD:** \_\_\_\_\_

\_\_\_\_\_  
(Name of Business) (# of Employees)

\_\_\_\_\_  
(Property / Project Address) (Zip Code)

2) **Applicant** (property owner or business owner):

\_\_\_\_\_  
(Name: First, Middle, Last) (Email address)

\_\_\_\_\_  
(Home Address) (Zip Code)

\_\_\_\_\_  
(Work Phone) (Cell / Home phone) (Fax)

3) **How did you learn about the Small Business Improvement Fund?** (i.e., postcard, Aldermanic office, Chamber of Commerce, etc.) \_\_\_\_\_

4) **Project Description:**

Please include a detailed itemization of work to be done and its **ESTIMATED COST**.\*\* (use additional sheets if necessary)

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

ALL work is subject to the City's design guidelines and must be completed in order to receive funding.

*\*\*Any work started prior to receiving a letter of Conditional Commitment from the City of Chicago will be considered an ineligible project and disqualified from the SBIF Program.*

5) **City Assistance:**

Have you received in the last 3 years, are you currently receiving, or are you under consideration for any City assistance for the property address or organization listed on this application?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*If yes, list the programs, addresses and amounts below:*

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

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6) **Applicant Type** (check one of the following):

- Commercial** Tenant (Please skip to section **A**)
- Commercial** Business AND Property Owner (Please skip to section **B**)
- Industrial** Tenant (Please skip to section **C**)
- Industrial** Business AND Property Owner (Please skip to section **D**)
- Landlord** (Please skip to section **E**)

**SECTION A** – **Commercial Tenant**

Please assemble copies of the following documents and submit them to SomerCor 504, Inc.

- If business is a new business:
  - A business plan
  - Three year projection of income and expenses
- If the business is existing
  - Last three years tax returns for the business
- A lease agreement showing right to occupy the space to be improved (*3 year minimum term*)
- Economic Disclosure Statement and Affidavit (please use enclosed form)
- Valid and Current City Business License
- Owner Affidavit approving specific improvements to the property (please use enclosed form)  
*Proceed to Item # 7.*

**SECTION B** – **Commercial Business AND Property Owner**

Please assemble copies of the following documents and submit them to SomerCor 504, Inc.

- If business is a new business:
  - A business plan
  - Three year projection of income and expenses
- If the business is existing
  - Last three years tax returns for the business
- Proof of property ownership (ex. deed or title insurance)
- Economic Disclosure Statement and Affidavit (please use enclosed form)
- Valid and Current City Business License
- Personal Financial Statement (please use enclosed form)

*Proceed to Item # 7.*

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**SECTION C – Industrial Tenant**

Please assemble copies of the following documents and submit them to SomerCor 504, Inc.

- Attach records showing current number of full time and part time or full time equivalent employees. (Please use enclosed form)
- A lease agreement showing right to occupy the space to be improved (*3 year minimum term*)
- Economic Disclosure Statement and Affidavit (please use enclosed form)
- Valid and Current Business License
- Owner Affidavit approving specific improvements to the property (please use enclosed form)  
*Proceed to Item # 7.*

**SECTION D – Industrial Business and Property Owner**

Please assemble copies of the following documents and submit them to SomerCor 504, Inc.

- Attach records showing current number of full time and part time or full time equivalent employees. (Please use enclosed form)
- Proof of property ownership (ex. deed or title insurance)
- Economic Disclosure Statement and Affidavit (please use enclosed form)
- Valid and Current Business License

*Proceed to Item # 7.*

**SECTION E – Landlord**

Please assemble copies of the following documents and submit them to SomerCor 504, Inc.

- Proof of property ownership (ex. deed or title insurance)
- Economic Disclosure Statement and Affidavit (please use enclosed form)
- Personal Financial Statement (please use enclosed form)
- Are there any commercial tenants?\* **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If yes, list the tenants here:

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*\*Property must be at least 60% leased by square footage before reimbursement can be made. All street-level storefronts must be leased in order to receive reimbursement.  
Proceed to Item # 7.*

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7) **Additional Information:** (All Applicants)

- The following information must be completed by any owner, partner, or member who has a 10% or more ownership interest in the property or business. This information will be used to ensure that all applicants do not have any City of Chicago debt, such as unpaid parking tickets, water bills, or false burglar alarms. The affidavit of child support compliance will be used to ensure that all applicants are current on applicable child support payments (please use enclosed form).**

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

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

License Plate Number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- Affidavit of Child Support Compliance (Please use enclosed form)
- Business or building Square Footage \_\_\_\_\_
- Do you have access to ready capital to proceed with your proposed project?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_
  - Jobs Created or Saved.  
*(The following information does not affect the acceptance of your grant)*  
In completing this project an estimated \_\_\_\_\_ jobs will be saved.  
In completing this project an estimated \_\_\_\_\_ jobs will be created.

**Applicant certifies that the information provided on this application is true and correct and that he/she has read and understands the SBIF Program Rules.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed name Title

**Please note: Funds for the SBIF Program are limited. If SBIF grant applications exceed available funds, applicants will be selected by lottery. If you have any questions or need assistance, please call the SBIF Team: John Paulun (312) 360-3305, Derek Walvoord (312) 360-3319, Kelly Collings (312)360-3329, or Silvia Sanchez (312) 360-3334 at SomerCor 504, Inc. Applications may be submitted by email, mail, or fax at (312) 360-3333.**

**Mailing Address: SomerCor 504, Inc.  
601 S. LaSalle Street, Suite 510  
Chicago, IL 60605**

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**For statistical purposes only, the primary applicant is requested to supply the following data regarding themselves and their businesses. *THIS IS VOLUNTARY ONLY AND NOT REQUIRED.* ANSWERS WILL HAVE NO EFFECT ON THE CONSIDERATION OF YOUR APPLICATION.**

Male ____	African American ____	Age of business: ____ years
Female ____	Asian ____	Family owned? Yes ____ No ____
	Caucasian ____	Business acquired by:
	Hispanic ____	start-up ____
	Middle Eastern ____	purchase ____
	Native American ____	merger ____
	Other: _____	

**Small Business Improvement Fund  
ECONOMIC DISCLOSURE STATEMENT & AFFIDAVIT**

Please print or type all your responses accurately providing all information current as of the attestation date. Please note that SomerCor 504, Inc. is available to help you complete this form.

**I. GENERAL INFORMATION**

A. Applicant's name and address: \_\_\_\_\_  
\_\_\_\_\_

B. Applicant's telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

C. Contact Person: \_\_\_\_\_

D. Brief project description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Project address and tax index number: \_\_\_\_\_  
\_\_\_\_\_

F. Name and address of individual or entity with legal title to the property on which the project is located: \_\_\_\_\_  
\_\_\_\_\_

**II. APPLICANT'S LEGAL STATUS AND OWNERSHIP INFORMATION**

A. I, \_\_\_\_\_, the undersigned, hereby affirm, attest, and represent that I am applying as an individual, or that I am the \_\_\_\_\_ of the applicant. The applicant is a(n) (circle one): (1) individual; (2) business corporation; (3) not-for-profit corporation; (4) a limited liability company; (5) general partnership; (6) limited partnership; (7) joint venture; (8) sole proprietorship; or (9) OTHER (please specify) \_\_\_\_\_

I further affirm, attest, and represent that all information provided to the City of Chicago (the "city") to induce the City to make a Small Business Improvement Fund ("SBIF") Loan (the "Loan") is current and accurate as of the date hereof. I have authority to enter into contracts on behalf of the applicant.

B. Other entity (ies) or individual(s) with ownership interests in the applicant (Interested Party) is (are) as follows:

Name:	Form and percentage of ownership: (i.e. 50%partner, shareholder, member, etc.)
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SBIF ECONOMIC DISCLOSURE STATEMENT & AFFIDAVIT**

Applicant: \_\_\_\_\_

**III. CERTIFICATION – NO DEBTS OWED TO THE CITY**

A. All charges and payments due and payable to the City by the applicant as of the date hereof, including all water charges, property taxes, and sales taxes concerning the property have been paid. Yes \_\_\_ No \_\_\_ If not, amount owed: \$ \_\_\_\_\_ for \_\_\_\_\_.  
The full amount will be paid by: \_\_\_\_\_.

B. Is the applicant or any interested party in default or in arrears on any outstanding commercial loans, water charges, property taxes, sewer charges, taxes, sales taxes owed to the City either on its own behalf or by any partnership, corporation, joint venture or land trust in which the applicant or any interested party has at least a five percent interest? \_\_\_\_\_ If yes, please indicate the amount that is owed and the origin of the debt (i.e. \$300 for property taxes):

Who is responsible for the debt? \_\_\_\_\_  
The debt will be paid in full by the following date: \_\_\_\_\_

C. Does the applicant, or any interested party, if any, have any outstanding parking violation complaints? \_\_\_ If yes, please explain and indicate when it will be settled:

**IV. CERTIFICATION – OTHER LEGAL MATTERS**

A. Is the undersigned, or any interested party presently debarred, suspended, declared ineligible or either voluntary or involuntary excluded from any transaction by any federal, state or local unit of government? \_\_\_ If yes, please explain: \_\_\_\_\_

B. Has the applicant or any interested party: (1) been convicted of a felony; (2) been convicted or had a civil judgment rendered against the applicant or interested party, in connection with the performance of any public contract or transaction (federal, state, or local) within the last three years; or (3) been convicted, indicted or charged with violation of any federal, state, or local statute for any acts of fraud, embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements or receiving stolen property? \_\_\_ If yes, please identify the charge and explain the outcome of the case:

C. Has the applicant or any interested party been terminated from any City contract for cause or default within the last three years? \_\_\_ If yes, please explain \_\_\_\_\_

**SBIF ECONOMIC DISCLOSURE STATEMENT & AFFIDAVIT**

**D.** Has the undersigned, or any person or entity employed by, or otherwise under the control of the undersigned bribed, attempted to bribe or been convicted of bribery or of attempting to bribe, a public officer or employee of the city, the State of Illinois, the federal government or of any other state or government entity? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**E.** Is the applicant in violation of any local, state, or federal law including any environmental laws? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**F.** If the applicant is an individual, has the applicant or any interested party been declared in arrears with any child support obligation pursuant to a child support court order? \_\_\_\_\_ If yes, name the party: \_\_\_\_\_. Is a court-approved agreement for payment of child support owed in place? Yes \_\_\_ No \_\_\_ Is the court-approved agreement being complied with? Yes \_\_\_ No \_\_\_

**G.** \_\_\_\_\_ The undersigned and every interested party certifies by check mark that it shall comply with the applicable requirements of Chapter 2-156 of the Municipal Code, and that there are no improper employment, business, or other relationships as described in Executive Order 97-1.

**V. WAIVER**

\_\_\_\_\_ The undersigned understands that information contained in this Affidavit and on any attachments may be made public in response to a Freedom of Information Act request, and it waives and releases any possible claims it may have against the City in connection with such public release of the information contained herein. In the case of a Freedom of Information request, all personal information will be redacted including, but not limited to, home address, SSN, and any personal financial information.

\_\_\_\_\_  
Print or type the legal name of the applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at Cook County Illinois.

My commission expires on: \_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public

STATE OF ILLINOIS )  
COUNTY OF COOK )

**AFFIDAVIT OF CHILD SUPPORT COMPLIANCE**

I, \_\_\_\_\_, being duly sworn on oath, state that the following statements are true and correct to the best of my knowledge and belief:

1. My full legal name is: \_\_\_\_\_.
2. My home address is: \_\_\_\_\_.
3. My home phone number is: \_\_\_\_\_; my work phone number is \_\_\_\_\_.
4. My driver's license number is: \_\_\_\_\_.
5. My social security number is: \_\_\_\_\_, My date of birth is: \_\_\_\_\_.
6. If I have any child support obligations, I affirm that I am in compliance with such obligations and that my court case number is: \_\_\_\_\_.
7. I agree to comply in the future with any court order to pay child support.
8. I agree to comply with any present, or future, order to withhold child support payments from an employee's salary, if I or my company are named as a payor for withholding child support.
9. I agree to enroll children in a health insurance plan, if I or my company are now, or in the future, named as a payor for enrolling a child in a health insurance plan.
10. I agree to have the information provided in this affidavit audited by the Department of Consumer Services for the purposes of assuring that any child support obligation I may have now or in the future is met.
11. I understand that I may be prosecuted by the Department of Consumer Services if any of the above statements are found to be false, either wholly or partially.
12. I further understand that in addition to being prosecuted by the City for false or misleading statements on this affidavit, that any misrepresentation made in this affidavit may result in a three-year period of ineligibility with the City.
13. I understand that all city employees must comply with all court-ordered child support obligations as a condition of city employment. Noncompliance shall be grounds for disciplinary action.

**Under penalties as provided by law, including but not limited to Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.**

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Subscribed and sworn to before me this**  
**\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**

\_\_\_\_\_, **Notary Public**

## PERSONAL FINANCIAL STATEMENT

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks .....	\$ _____	Accounts Payable .....	\$ _____
Savings Accounts .....	\$ _____	Notes Payable to Banks and Others .....	\$ _____
IRA or Other Retirement Account .....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable .....	\$ _____	Installment Account (Auto) .....	\$ _____
Life Insurance-Cash Surrender Value Only .....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other) .....	\$ _____
Stocks and Bonds .....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance .....	\$ _____
Real Estate .....	\$ _____	Mortgages on Real Estate .....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value .....	\$ _____	Unpaid Taxes .....	\$ _____
Other Personal Property .....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities .....	\$ _____
Other Assets .....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities .....	\$ _____
<b>Total</b>	\$ _____	Net Worth .....	\$ _____
		<b>Total</b>	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary .....	\$ _____
Net Investment Income .....	\$ _____
Real Estate Income .....	\$ _____
Other Income (Describe below)* .....	\$ _____
	\$ _____

Description of Other Income in Section 1.

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\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

PLEASE NOTE:





State of Illinois )  
                                  )SS  
County of Cook

**AFFIDAVIT OF PREVAILING WAGE LABOR RATE  
Not-For-Profit Corporation**

To induce the City of Chicago to make, and in consideration of the making of a grant to \_\_\_\_\_ (“Grantee”), the undersigned/Affiant does hereby state and certify to the City of Chicago ("Grantor") and to SomerCor 504, Inc., the grant program administrator ("SomerCor"), the following:

- 1. Grantee is the owner of, or tenant of the owner of building and property located at \_\_\_\_\_ in Chicago, Illinois (the "Property").
- 2. Grantee is an Illinois not-for-profit corporation.
- 3. Grantee has paid and has caused any General Contractor to pay and to contractually cause any subcontractor to pay, the prevailing wage rate as ascertained by the State Department of Labor, to all of their respective employees working on constructing the grant financed improvements.

Grantee/Affiant does hereby acknowledge that this Affidavit is made for the purpose of inducing the Grantor and SomerCor to advance the proceeds of a grant to the Grantee/Affiant in conjunction with a Tax Increment Financing Program.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

GRANTEE/AFFIANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name; Title

The undersigned, a notary public in and for said County, the state aforesaid, does hereby certify that \_\_\_\_\_, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that he signed and delivered the said instrument as his free and voluntary act for the uses and purposes therein set forth.

(NOTARIAL SEAL)

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_