

**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) **Preferred Mailing Address:**  Business  Home  Other: \_\_\_\_\_

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

**5) 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.*

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

**6) 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:*

---

---

**7) 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**)
- \_\_\_ **Non-Profit** Tenant (Please skip to section **E**)
- \_\_\_ **Non-Profit** Business AND Property Owner (Please skip to section **F**)
- \_\_\_ **Landlord** (Please skip to section **G**)

**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)
- Jobs Created/Retained Affidavit (please use enclosed form)
- Affidavit of child support fully completed and notarized for all individuals with at least 7.5% ownership interest in the business (please use enclosed form)

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

*Proceed to Item # 8.*

**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 fully completed and signed for all individuals with at least 7.5% ownership interest in the business and/or real estate (please use enclosed form)
- Jobs Created/Retained Affidavit (please use enclosed form)
- Affidavit of child support fully completed and notarized for all individuals with at least 7.5% ownership interest in the business and/or real estate (please use enclosed form)

*Proceed to Item # 8.*

**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)
- Jobs Created/Retained Affidavit (please use enclosed form)
- Affidavit of child support fully completed and notarized for all individuals with at least 7.5% ownership interest in the business (please use enclosed form)

*Proceed to Item # 8.*

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

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

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

- ❑ 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
- ❑ Jobs Created/Retained Affidavit (please use enclosed form)
- ❑ Affidavit of child support fully completed and notarized for all individuals with at least 7.5% ownership interest in the business and/or real estate (please use enclosed form)

*Proceed to Item # 8.*

**SECTION E – Non-Profit 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)
- ❑ Non-Profit Affidavit (please use enclosed form)
- ❑ List of all current board members
- ❑ Jobs Created/Retained Affidavit (please use enclosed form)
- ❑ Affidavit of child support (please use enclosed form) *to be completed by each board member*

*Proceed to Item # 8.*

**SECTION F – Non-Profit 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

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

- 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
  - Company Financial Statement (showing current assets)
  - Non-Profit Affidavit (please use enclosed form)
  - List of all current board members
  - Jobs Created/Retained Affidavit (please use enclosed form)
  - Affidavit of child support (please use enclosed form) *to be completed by each board member*
- Proceed to Item # 8.*

**SECTION G – 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 fully completed and signed for all individuals with at least 7.5% ownership interest in the business and/or real estate (please use enclosed form)
  - Are there any commercial tenants?\* **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If yes, list the tenants here:
- 
- 

*\*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.*

- Jobs Created/Retained Affidavit (please use enclosed form)
- Affidavit of child support fully completed and notarized for all individuals with at least 7.5% ownership interest in the business and/or real estate (please use enclosed form)

*Proceed to Item # 8.*

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

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

- The following information must be completed by any owner, partner, or member who has a 7.5% 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. The affidavit of child support must be completed even if the applicant has no children.**

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

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

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

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

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

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

- Business or building Square Footage \_\_\_\_\_
- Do you have access to ready capital to proceed with your proposed project?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**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 contact the SBIF Team at SomerCor 504, Inc. or visit our website at [www.somercor.com/sbif](http://www.somercor.com/sbif).**

**Jacob Stern (312) 360-3328 [jakestern@somercor.com](mailto:jakestern@somercor.com)  
Silvia Sanchez (312) 360-3334 [ssanchez@somercor.com](mailto:ssanchez@somercor.com)  
Joseph Lewis (312) 360-3329 [jlewis@somercor.com](mailto:jlewis@somercor.com)**

**Applications may be submitted by email, mail, or fax at (312) 757-4371.**

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

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

---

**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 \_\_\_\_

Female \_\_\_\_

African American \_\_\_\_

Asian \_\_\_\_

Caucasian \_\_\_\_

Hispanic \_\_\_\_

Middle Eastern \_\_\_\_

Native American \_\_\_\_

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

Age of business: \_\_\_\_\_ years

Family owned? Yes \_\_\_\_ No \_\_\_\_

Business acquired by:

start-up \_\_\_\_

purchase \_\_\_\_

merger \_\_\_\_

**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.)
-------	---

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



**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**



**Somercor 504 INC.**

THE CORE OF SMALL BUSINESS  
REAL ESTATE FINANCING

### Jobs Created/Retained Affidavit

The City of Chicago aims to use TIF dollars to promote economic development. For many TIF projects, job creation – including temporary construction jobs and permanent commercial and industrial jobs – is a critical measure of success. The 2011 TIF Reform Panel recommends using job creation and retention as a metric to measure the impact of TIF spending on economic development. This information helps ensure that TIF dollars generate relevant returns on investment for taxpayers. The following information is **mandatory**, but will not affect the acceptance of your grant project. Please return this sheet with the other requested supporting documents.

- The business currently has \_\_\_\_\_ employees.
- This project will help the business save an estimated \_\_\_\_\_ jobs.
- This project will create an estimated \_\_\_\_\_ jobs for the business.
- This project will create an estimated \_\_\_\_\_ construction jobs.

X \_\_\_\_\_

Print Name

X \_\_\_\_\_

Signature



## SMALL BUSINESS IMPROVEMENT FUND PERSONAL FINANCIAL STATEMENT

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

This statement must be completed by any owner, partner, or member who has a **7.5%** or more ownership interest in the property or business.

Name	Email
Residence Address	
Business Phone	Residence Phone
Business Name of Applicant	
Business Address	

ASSETS	(Round to the dollar)
Cash on Hand and in Banks	
IRA or Other Retirement Account	
Life Insurance (Cash Surrender Value Only)	
Marketable Stocks and Bonds (Describe in Section 1)	
Real Estate (Describe in Section 2)	
Other Assets (Describe in Section 3)	
<b>TOTAL ASSETS</b>	\$

LIABILITIES	(Round to the dollar)
Mortgages on Real Estate (Describe in Section 2)	
Other Liabilities/Debt (Describe in Section 4)	
<b>TOTAL LIABILITIES</b>	\$

**NET WORTH** = (TOTAL ASSETS) MINUS (TOTAL LIABILITIES) = \$

Section 1. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).		
No. of Shares	Name of Securities	Market Value
<b>Total Value</b>		

--

**Section 2. Real Estate Owned.** (List each parcel separately. Use attachments 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			
Mortgage Balance			
Status of Mortgage			

**Section 3. 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 4. Other Liabilities/Debt** (e.g. credit card balances, student loan balances.) Describe in detail.

--

**Verification Statement**

**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 determining eligibility for funding for the Small Business Improvement Fund (SBIF) administered by Somercor 504, Inc. I understand FALSE statements may result in forfeiture of eligibility.**

Signature:	Date:	Social Security Number
Signature:	Date:	Social Security Number

--









**AFFIDAVIT OF GRANT RECIPIENT  
ON RELIGIOUS ACTIVITIES**

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 in connection with the grant of Small Business Improvement Funds (“SBIF funds”) for the [acquisition,] rehabilitation and improvements of the premises listed in the grant application:

- a. The room or space that the SBIF funds will be used to [acquire,] improve or rehabilitate is not the Grantee’s primary place of worship; and
- b. SBIF funds will be used only for those portions of the [acquisition,] improvement or rehabilitation of the premises that are attributable to business activities described in the application; and
- c. If in the future the Grantee uses the premise for inherently religious activities the Grantee will reimburse the Grantor for the present value of the improvements, in an amount not to exceed the grant of SBIF funds.

The 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 \_\_\_\_\_, 20\_\_\_\_.

GRANTEE/AFFIANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

The undersigned, a notary public in and for said County, in 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: \_\_\_\_\_



AFFIANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Capacity, if applicable  
bank/trust number

The undersigned, a notary public in and for said County, in 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: \_\_\_\_\_