

**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 (legal entity) and address: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

E. Project address and identification number (PIN): \_\_\_\_\_  
\_\_\_\_\_

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



## **PRINCIPAL PROFILE INFORMATION**

The following form must be completed by any owner, partner, or member who has a 7.5% ownership interest in the property or business as applicable for the SBIF Applicant. For not-for-profit corporations, in lieu of there being any individuals with ownership of the entity, the Board of Directors must provide this form. This information will be used for the purposes of “scofflaw” checks – to ensure that all applicants are current on debts owed to the City. Along with this form, the Affidavit of Child Support Compliance is also required of the same individuals.

<b>Full Name</b>	
<b>Home Address</b>	
<b>Date of Birth</b>	
<b>Social Security Number</b>	
<b>Driver’s License Number</b>	
<b>License Plate Number(s)</b>	
<b>Signature</b>	



CHICAGO DEPARTMENT OF  
PLANNING & DEVELOPMENT

### Jobs Created/Retained Survey

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 retain 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 for which a Small Business Improvement Fund application is being submitted.

Name	Email
Residence Address	
Business Phone	Residence Phone
Business Name of Applicant (if applicable)	
Business (or project) 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>		

## SMALL BUSINESS IMPROVEMENT FUND PERSONAL FINANCIAL STATEMENT

**Section 2. Real Estate Owned.** All properties owner by the applicant, whether as an individual or through a legal entity, must be listed in this section. Use attachments if necessary. Sign and date all attachments.

	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.** (e.g. automobiles, boats, art) 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. Provide attachment if necessary

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

### 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 in connection with eligibility consideration for funding through the City of Chicago's Small Business Improvement Fund program. I understand FALSE statements may result in forfeiture of eligibility.**

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



State of Illinois )  
                          )SS  
County of \_\_\_\_\_ )

**AFFIDAVIT AND CERTIFICATION OF PROPERTY OWNER**  
Lessees Only

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

1. Affiant is the owner of the building and property located at \_\_\_\_\_ in Chicago, Illinois (the "Property") with the PIN \_\_\_\_\_.
2. Affiant currently leases to Grantee the Property or that portion of the Property to be improved by Grantee.
3. Affiant has reviewed the improvements to the Property proposed by Grantee.
4. Affiant approves and gives the Grantee authority to implement the improvements described below on the Property as may be required under the City of Chicago Small Business Improvement Fund Program.

**Description of the Owner-Approved Improvements (or attach hereto)**

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

5. Affiant certifies that it has not contributed and will not contribute funds to pay for or reimburse the Grantee's proposed improvement to the Property.

The 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 in conjunction with a Tax Increment Financing Program.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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: \_\_\_\_\_

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

**AFFIDAVIT OF FULL-TIME EQUIVALENT EMPLOYEES**  
Industrial Applicants Only

The Affiant, \_\_\_\_\_ (“Applicant”), does hereby state and certify to SomerCor 504, Inc. (“SomerCor”) and the City of Chicago (“City”) that in connection with a Small Business Improvement Fund Grant from SomerCor and the City with regards to the property located at \_\_\_\_\_ in Chicago, Illinois, affiant or tenant (if applicable) employs no more than two-hundred (**200**) full-time equivalent employees, employed at all locations including all business subsidiaries of a parent company, if applicable.

The Affiant does hereby acknowledge that this Affidavit is made for the purpose of inducing SomerCor and City to advance the proceeds of a Small Business Improvement Fund Grant to the Applicant and that the employment of no more than one-hundred (**200**) full-time equivalent employees is a requirement for such a grant.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

By: \_\_\_\_\_

Its: \_\_\_\_\_

The undersigned, a Notary Public in and for said County and the State aforesaid, does hereby certify that

\_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_, personally known to me to be the same person whose name is subscribed to the foregoing instrument as such officer, appeared before me this day in person and acknowledged that he signed and delivered said instrument as a free and voluntary act as such officer, and as the free and voluntary act of the aforesaid company, for the use and purpose herein set forth.

GIVEN under my hand and notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(NOTARIAL SEAL)

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

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

**SMALL BUSINESS IMPROVEMENT FUND (SBIF)  
AFFIDAVIT AND CERTIFICATION OF PROPERTY OWNER  
REGARDING REQUEST TO CONSIDER OWNER'S PROPERTY  
AS A SINGLE TENANT PROPERTY UNDER THE SBIF PROGRAM**

\_\_\_\_\_ (the "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. Affiant is the owner of the building(s) and property located at \_\_\_\_\_ in Chicago, Illinois 606 \_\_\_\_ (the "Property") with the following PIN number or PINS:

\_\_\_\_\_.

2. Affiant desires to apply for a SBIF grant to make eligible improvements to the Property.

3. The Property is a multi-tenant commercial building, in that it has more than one commercial space that can be leased to commercial tenants. However, one of the following applies to the Property (check one):

none of the commercial spaces are currently leased to tenants; or

none of the current commercial tenants desire to apply for a SBIF grant to improve their spaces.

4. Because there are no tenants of commercial spaces located in the Property who desire to apply for a SBIF grant, Affiant requests that the Grantor and SomerCor allow the Property to be treated as a Property with a single owner/tenant under the SBIF Program Rules and allow the Affiant to apply for a maximum SBIF Program grant of \$150,000, provided the Affiant meets all application and eligibility requirements.

5. Affiant acknowledges and agrees that if this request is approved the Property shall be considered as a single owner/tenant building and that the maximum SBIF Program assistance that the Property can receive for a three-year period in accordance with the SBIF Program Rules is \$150,000.

6. Affiant further acknowledges and agrees that the maximum program assistance of \$250,000 for multi-tenant buildings stated in the SBIF Program Rules (which limits any applicant in a multi-tenant building to a maximum of \$75,000) shall not apply to the Property for the applicable three-year period and that no current or future tenants shall be eligible to apply for a SBIF grant until the applicable three-year period has expired. Affiant also agrees that it will not provide permission for any current or future tenant of the Property to apply for a SBIF grant during the applicable three-year period.

7. Affiant acknowledges that by submitting this Affidavit and Certification that Affiant is not guaranteed to receive any SBIF funding, but that eligibility and receipt of funding shall be governed by the rules and procedures of the SBIF Program.

Continue to page 2.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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: \_\_\_\_\_

## PROJECTION OF THREE YEARS' REVENUE AND EXPENSES

*(ATTACH NARRATIVE EXPLAINING BASIS AND ASSUMPTIONS FOR PROJECTED EARNINGS)*

	First Year	Second Year	Third Year
<b>REVENUE</b>			
<b>COST OF GOODS SOLD</b>			
<b>GROSS PROFIT</b>			
<b>OPERATING EXPENSES</b>			
ADVERTISING			
BAD DEBT EXPENSE			
DEPRECIATION			
RENT			
REPAIRS AND MAINTENANCE			
REAL ESTATE TAXES			
OTHER TAXES AND LICENSES			
WAGES			
WAGES - OFFICERS			
INTEREST			
UTILITIES			
ACCOUNTING AND LEGAL FEES			
INSURANCE			
OTHER			
OTHER			
<b>TOTAL OPERATING EXPENSES</b>			
<b>INCOME FROM OPERATIONS</b>			
LESS: FEDERAL INCOME TAXES			
LESS: STATE INCOME TAXES			
<b>NET INCOME AFTER TAXES</b>			
LESS DISTRIBUTIONS			
<b>NET INCOME AFTER TAXES AND DISTRIBUTIONS</b>			