



## Aurora's Economic Development Partnership

43 W. Galena Blvd. | Aurora, IL 60506

630-256-3160

info@investaurora.org | www.investaurora.org

### INVEST AURORA'S REVOLVING LOAN FUND II APPLICATION

Invest Aurora's Revolving Loan Fund II Program is intended to assist entrepreneurs and small businesses attain access to capital. Eligible uses of loan proceeds include:

- Non-speculative acquisition, development, or improvement of real property
- Clearance, demolition, removal, and site preparation related to acquisition or rehabilitation
- Fixed assets
- Machinery and equipment
- Working capital for start-up businesses

The minimum loan is \$25,000. The maximum loan amount is not to exceed 25% of the total value of the fund or \$750,000, whichever is less. Funds are subject to requirement under policies and objectives outlined by Invest Aurora and the Invest Aurora Revolving Loan Fund II program

#### PERSONAL INFORMATION

#### RESIDENTIAL INFORMATION

BORROWER'S NAME

TIME AT CURRENT RESIDENCE (YEARS / MONTHS)

HOME ADDRESS

OWN OR RENT IF RENTAL, PLEASE ANSWER THE FOLLOWING QUESTIONS

CITY / STATE / ZIP CODE

LANDLORD'S NAME

WORK PHONE NUMBER

CELL PHONE NUMBER

LANDLORD'S COMPANY NAME

EMAIL ADDRESS

PHONE NUMBER

FAX NUMBER

SSN

DATE OF BIRTH

PREVIOUS ADDRESS (IF LESS THAN 1 YEAR)

PERCENTAGE OF BUSINESS OWNERSHIP \_\_\_\_\_

CITY / STATE / ZIP CODE



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### BUSINESS INFORMATION

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### BUSINESS INFORMATION (CONT.)

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LEGAL NAME OF BUSINESS

TIME OWNING BUSINESS (YEARS / MONTHS)

BUSINESS ADDRESS

SOLE PROPRIETORSHIP

PARTNERSHIP

CITY / STATE / ZIP CODE

LIMITED LIABILITY CORPORATION

CORPORATION

PHONE NUMBER

FAX NUMBER

OTHER (SPECIFY):

BUSINESS TYPE (CHECK ONE ABOVE)

WEB ADDRESS

YEAR / STATE OF INCORPORATION

TIME AT CURRENT LOCATION (YEARS / MONTHS)

FEDERAL TAX ID NUMBER

OWN OR RENT IF RENTAL PLEASE ANSWER  
THE FOLLOWING QUESTIONS

NUMBER OF FULL-TIME  
EMPLOYEES

NUMBER OF PART-TIME  
EMPLOYEES

LANDLORD'S NAME

LANDLORD'S COMPANY NAME

PHONE NUMBER

FAX NUMBER



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### PARTNER INFORMATION

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NAME OF PRINCIPAL	DATE OF BIRTH	SSN	PERCENT OF OWNERSHIP
NAME OF PRINCIPAL	DATE OF BIRTH	SSN	PERCENT OF OWNERSHIP
NAME OF PRINCIPAL	DATE OF BIRTH	SSN	PERCENT OF OWNERSHIP
NAME OF PRINCIPAL	DATE OF BIRTH	SSN	PERCENT OF OWNERSHIP

### LOAN REQUEST INFORMATION

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PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS ACTIVITY:

YEARS OF EXPERIENCE IN THE INDUSTRY: \_\_\_\_\_

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR PROPOSED USE OF THE REVOLVING LOAN FUND PROGRAM:

PLEASE PROVIDE A BRIEF DESCRIPTION OF HOW YOUR PROJECT WILL BENEFIT THE BROADER AURORA COMMUNITY:



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LOAN AMOUNT REQUESTED: \_\_\_\_\_

PURPOSE OF LOAN (PLEASE LIST SPECIFIC ITEMS)	DOLLAR AMOUNT
<b>TOTAL REQUEST:</b>	

### FINANCIAL INFORMATION

#### BUSINESS ASSETS

**ASSETS INCLUDE:** MATERIALS, INVENTORY, MACHINERY, ACCOUNTS RECEIVABLE, FURNITURE, VEHICLES, ETC.

ITEM DESCRIPTION	PURCHASE DATE	ESTIMATED VALUE	OWN OUTRIGHT?
<b>TOTAL:</b>			

#### BUSINESS LIABILITY

**LIABILITIES INCLUDE:** ANY AND ALL LOAN PAYMENTS, SUPPLIER CREDIT, BUSINESS VEHICLE PAYMENTS, EQUIPMENT LEASES, PERSONAL LOANS FROM FAMILY OR FRIENDS, CREDIT CARDS, ETC.

ITEM DESCRIPTION	CREDITOR	MONTHLY PAYMENT	TOTAL BALANCE
<b>TOTAL:</b>			



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### FINANCIAL INFORMATION (CONT.)

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#### BUSINESS COLLATERAL

**COLLATERAL INCLUDES:** EQUITY IN PERSONAL OR COMMERCIAL REAL ESTATE, PERSONAL OR BUSINESS VEHICLES, AND BUSINESS ASSETS

ITEM DESCRIPTION	ESTIMATED VALUE	OWN OUTRIGHT?
<b>TOTAL:</b>		

#### BUSINESS INCOME / EXPENSES (MONTHLY)

SOURCE OF INCOME	AMOUNT	EXPENSES	AMOUNT
<b>TOTAL BUSINESS INCOME:</b>		<b>TOTAL BUSINESS EXPENSES:</b>	

#### HOUSEHOLD INCOME / EXPENSES (MONTHLY)

SOURCE OF INCOME	AMOUNT	EXPENSES	AMOUNT
<b>TOTAL BUSINESS INCOME:</b>		<b>TOTAL BUSINESS EXPENSES:</b>	



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### EMPLOYMENT INFORMATION

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NAME OF EMPLOYER (IF APPLICABLE)

CONTACT NAME

BUSINESS ADDRESS

CITY / STATE / ZIP CODE

PHONE NUMBER

FAX NUMBER

MONTHLY INCOME: \_\_\_\_\_

TIME OF CURRENT EMPLOYMENT (YEARS / MONTHS)

### CO-BORROWER'S INFORMATION

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CO-BORROWER'S NAME

HOME ADDRESS

CITY / STATE / ZIP CODE

WORK PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

SSN

DATE OF BIRTH

PERCENTAGE OF BUSINESS OWNERSHIP: \_\_\_\_\_



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### APPLICANT CHECKLIST

YOUR COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING ITEMS AS ATTACHMENTS:

- Business plan including market analysis and hiring plan
- Map of the business location
- Resumés of the applicant's owners and key management staff
- Applicant's financial statements, and if available, CPA prepared balance sheets and income statements for the most recent three years with 3-year projections with one year month-to-month projections and detail supporting the assumptions used to determine the projections.
- Interim statements not less than 45 days old and federal tax returns covering the most recent 3-year period for the applicant business, for owners of 20% or more of the applicant, and for all proposed guarantors
- Personal financial statements of owners of 20% or more of applicant

I ATTEST THAT I HAVE READ THE ENTIRE APPLICATION AND APPLICANT CHECKLIST AND FULLY UNDERSTAND MY RESPONSIBILITIES AND OBLIGATIONS UNDER THIS APPLICATION. I ATTEST THAT ALL THE INFORMATION PROVIDED IS ACCURATE. I AUTHORIZE INVEST AURORA TO INVESTIGATE AND VERIFY THE INFORMATION ABOVE. I AUTHORIZE INVEST AURORA TO PERFORM A CREDIT CHECK, WHICH MAY INCLUDE OBTAINING CONSUMER AND / OR COMMERCIAL CREDIT REPORTS AND TO EXCHANGE INFORMATION ABOUT CREDIT EXPERIENCE WITH OTHER CREDITORS FROM TIME TO TIME, AS AUTHORIZED BY LAW.

\_\_\_\_\_  
SIGNATURE OF BORROWER

\_\_\_\_\_  
SIGNATURE OF CO-BORROWER

\_\_\_\_\_  
PRINTED NAME

DATE \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME

DATE \_\_\_\_\_