

**City of Rockford, Illinois  
Community Development Loan Application**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Key Personnel (proprietor, partner, officer, directors)

Name:	Address	% of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide a brief description of the proposed project:

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

If new construction, provide building dimensions, and construction type. If renovation. Provide detailed explanation of improvements to be undertaken.

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

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How many full-time equivalent jobs will be created by proposed project within 24 months of project completion (Full-time equivalent jobs equal 2,080 hours worked annually):

\_\_\_\_\_

Of the full-time equivalent jobs created, how many will benefit low-moderate income persons: \_\_\_\_\_

Amount of loan requested from the City of Rockford Community Development Loan Program: \$ \_\_\_\_\_

Purpose for which City funding is requested (land acquisition, working capital, inventory, etc.):

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

Proposed Financing (i.e. bank, owner equity)

Source	% of Project	Terms
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Project Cost: \$ \_\_\_\_\_

Payment of the City's-RLF loan will be guaranteed by:

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

Provide summary of any collateral offered in guarantee of loan including type of collateral, value collateral, and any liens or encumbrances against collateral:

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