

## Exhibit A



### Shared Equity Investment Program (SEIP) Application

All applicants must review in detail the RFQ and submit the following items for consideration of an SEIP award

- **Corporate/organizational profile**
  - Business Strategy with a brief narrative
  - Mission
  - Goals
  - Objectives
  - Action Plan
- **Biographies/resumes of key staff/principals**
  - List of completed previous real estate projects (**projects specifically for the principals**).
- Insurance information (**General Liability, Builders Risk Carrier**)
- Most recent 3-years of **business tax returns/990's**
  - If these are not available, provide an explanatory narrative
- Most recent 3-years of **financial statements** *if the business is an existing entity*
- Most recent 3-months of **bank statements**
  - Business
- Provide the following for the **last completed shared equity housing project**
  - Address
  - Property type
  - Purchase date
  - Purchase price
  - Rehab cost
  - Before and after pictures
  - Sales date if applicable
  - Sales price if applicable
- Project team information (if information is not available, indicate N/A)
  - General Contractor
  - Architect/Engineer
  - Project Manager/Development Consultant
  - Real Estate Broker
  - Attorney
  - Mortgage or share loan provider



**Shared Equity Investment Program (SEIP)**

**Request For Qualifications (RFQ) / Revolving LOC Application (LOC) PART 1**

**Applicant / Business / Borrower Information**

Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_  
URL / Web Address \_\_\_\_\_  
Date established / Date of incorporation \_\_\_\_\_  
FEIN # \_\_\_\_\_ NAICS \_\_\_\_\_  
Lead Contact \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Business Profile- Attach a business strategy with a brief narrative that includes the mission, goal, objective, and action plan  
 MBE  WBE  DBE  Other \_\_\_\_\_  N/A

**Tax / Legal Status**

LLC  LLP  LLLP  Corporation  Tax Exempt 501 (c)3  Other \_\_\_\_\_

**Guarantor / Corporate Sponsor Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
e-mail \_\_\_\_\_  
SS# \_\_\_\_\_  
Ownership % \_\_\_\_\_

Are you **interested in** applying for a CCLF construction loan?

- Yes**
- No**
- Maybe**

Authorized Signer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## Revolving LOC Application – Part 2

### Loan Request

Amount Requested: \$ \_\_\_\_\_

Max # of units at any given time \_\_\_\_\_

### Sources/Uses (Balances Must Match)

**SOURCES:**

Borrower Equity: \_\_\_\_\_

Debt: \_\_\_\_\_

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

**USES: (Can use historical performance as a basis for estimate)**

Acquisition \_\_\_\_\_

Rehab: \_\_\_\_\_

10% Contingency: \_\_\_\_\_

Soft Costs: \_\_\_\_\_

Closing Costs: \_\_\_\_\_

Total Sources: \_\_\_\_\_

Total Uses: \_\_\_\_\_



## Revolving LOC Application – Part 3

### Disclosures and References / Credit Authorization Request

The undersigned applicant(s) do hereby represent and warrant that the information contained in this application, and any attachments submitted in conjunction with it, is complete and correct. Furthermore, **applicant(s) authorize CCLF and/or any of its affiliate to obtain credit references, credit reports on the business, credit reports for the personal guarantors, and to release credit information to others.** All applications are subject to final credit approval. CCLF and its affiliates reserve all rights to publicly announce the approval, commitment, or closing of any loan.

The undersigned hereby certifies that, to the best of his/her knowledge, as of the date of this loan application, neither the undersigned, nor any of its officers, directors, trustees or affiliates (collectively, the "Undersigned"), has ever been charged with, indicted or convicted of, or pled guilty to, a felony of any kind, a crime involving fraud or any misdemeanor involving moral turpitude. The undersigned certifies that its internal operations and service are administered on a non-discriminatory basis without regard to race, creed, color, sex, sexual orientation, disability, marital status, veteran status, national origin, age or income level. The undersigned also certifies that the business is not military/defense related in is non-nuclear, and complies with federal, state, and local regulations regarding air, water, toxic materials, hazardous wastes and occupational safety.

The undersigned hereby authorizes CCLF to perform background checks on the Undersigned, as CCLF may determine in its sole discretion. The undersigned also herby authorizes CCLF to contact the borrower/guarantors for all needed social impact data requested by CCLF's investors.

\_\_\_\_\_

Authorized Signer(s) – Print Authorized Signer(s) – Signature

\_\_\_\_\_

Date

Check if the applicant is involved or threatened with a bankruptcy, lawsuit or other litigation. If yes, briefly describe the nature of the case here: \_\_\_\_\_

Check here if the application has ever defaulted on a loan. If yes, please explain: \_\_\_\_\_

**Character Reference**  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Character Reference**  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Past Project Experience**

*Project 1*

Address: \_\_\_\_\_  
Property Type: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_  
Rehab Cost: \_\_\_\_\_  
Sales Date: \_\_\_\_\_  
Sales Price: \_\_\_\_\_

*Project 2*

Address: \_\_\_\_\_  
Property Type: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_  
Rehab Cost: \_\_\_\_\_  
Sales Date: \_\_\_\_\_  
Sales Price: \_\_\_\_\_

*Project 3*

Address: \_\_\_\_\_  
Property Type: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_  
Rehab Cost: \_\_\_\_\_  
Sales Date: \_\_\_\_\_  
Sales Price: \_\_\_\_\_

*GC Info*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Years in Business: \_\_\_\_\_

*Licensed Broker Information*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Years in Business: \_\_\_\_\_



Helping create communities where people thrive

# CHICAGO COMMUNITY LOAN FUND

## PERSONAL FINANCIAL STATEMENT

**CONFIDENTIAL**

**BACKGROUND**

Name		Position or occupation	
Today's date	Date of Birth	Business Name	
Social security number		Business' Street address	
Applicant's Street address			
City	County	City	County
State	Zip code	State	Zip code
Length of time at this address	Home Telephone	Work telephone ( )	Length of employment
Spouse's name and social security number			

This is a(n) \_\_\_\_\_ Individual financial statement      \_\_\_\_\_ Joint financial statement with spouse

List all amounts in dollars (omit cents). Please attach a separate sheet if you need more space to complete a detailed schedule.

ASSETS	AMOUNT	LIABILITIES AND NET WORTH	AMOUNT
Checking Account Deposits (Schedule 1)	· ·	Mortgage	· ·
Saving Account Deposits (Schedule 1)	· ·		· ·
Cash Value of Life Insurance (Schedule 2)	· ·	Notes Payable	· ·
Notes and Accounts Receivable (itemize):	· ·		· ·
	· ·	Credit Cards	· ·
	· ·		· ·
Marketable Stocks and Bonds (Schedule 3)	· ·	Any other debt list on lines below:	· ·
Stock in Companies where you are majority owner (Schedule 4)	· ·		· ·
	· ·		· ·
Equity in Business Requesting Financing	· ·		· ·
	· ·		· ·
Equity in Partnerships & Joint Ventures (itemize):	· ·		· ·
	· ·		· ·
	· ·		· ·
Vehicles, Machinery & Equipment (Schedule 5)	· ·		· ·
Real Estate (Schedule 6)	· ·	TOTAL LIABILITIES	· ·
Personal Property & Other Assets (itemize):	· ·		· ·
	· ·		· ·
	· ·	NET WORTH (Total assets minus total liabilities)	· ·
TOTAL ASSETS	· ·	TOTAL LIABILITIES AND NET WORTH	· ·

**SCHEDULE 1-DEPOSIT ACCOUNTS**

Name of Bank, Savings & Loan, Credit Union, etc. and location	Account Number	Checking Accounts	Savings Accounts
<b>TOTAL</b>			

**SCHEDULE 2 – LIFE INSURANCE**

Name of Person Insured	Insurance Company	Face Amount of Policy	Is Policy Assigned?	Loan on Policy	Cash Surrender Value
<b>TOTAL</b>					

**SCHEDULE 3 – MARKETABLE STOCKS AND BONDS**

Num. Of share owned or face value (bonds)	Description	Registered in name of	To whom pledged	Date acquired	Cost	Present market value
<b>TOTAL</b>						

**SCHEDULE 4 – STOCK IN CLOSELY HELD CORPORATIONS**

Name of Corporation	Stock in name of	Annual statement date	Total shares outstanding	Total stockholders equity	Number of shares owned	Estimated value of shares owned
<b>TOTAL</b>						

**SCHEDULE 5 – VEHICLES, MACHINERY & EQUIPMENT**

Description (Year, Make & Model)	Year acquired	Cost	Loan payable to	Loan account number	How payable	Loan Balance	Present market value
					\$ per		
					\$ per		
					\$ per		
					\$ per		
					\$ per		
<b>TOTAL</b>							

**SCHEDULE 6- REAL ESTATE**

Address & Description (Include dimension & acres)	Title in name of	Year acquired	Cost	Loan payable to	How payable	Loan Balance	Present market value
					\$ per		
					\$ per		
					\$ per		
					\$ per		
					\$ per		
<b>TOTAL</b>							

**SCHEDULE 7 – OTHER LOANS PAYABLE (INCLUDING CREDIT CARD AND OTHER REVOLVING LOANS)**

Name and address of lender	Collateral pledged and names of co makers or endorsers	Original Date	Original Amount	How payable	Loan Balance
<b>TOTAL</b>					



SOURCES OF INCOME FOR YEAR ENDED _____, 20____		CONTINGENT LIABILITIES	
(Identify each source of income and expense. Attach a copy of your most recent Federal Income Tax Return to support this schedule)		Are you indirectly liable for obligations of others? If so, list and describe.	
Salaries	\$ _____	Total amount as endorser, co maker or guarantor \$ _____	
Bonuses & Commissions		Total amount on leases and contracts \$ _____	
Dividends		<b>PERSONAL INFORMATION</b>	
Interest			
Net Profits from:		Number of Dependents _____ Ages _____	
Rental Property		Are you a defendant in any suits or legal action? If so, describe.	
Proprietorships		Are you obligated to pay alimony, child support or separate maintenance payments? If so, provide details.	
Partnerships			
Joint Ventures		Have you ever declared bankruptcy or had any judgments recorded against you?	
Other Income: (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)			
<b>Total Income</b>	\$ _____		
Rental Payment, Co-Op or Condo			
Home Mortgage Payments			
Insurance (Property Only)			
Property Taxes			
Commercial Mortgage Payment			
Credit Card Payments			
Investments/Required Partnership Contributions			
Alimony/Child Support			
Medical Expense			
Loan Payments (Excluding Mortgage & Credit Cards)			
Insurance Premiums			
General Living Expense			
Tuition			
Charitable Contributions			
Other Expenses			
State and Federal Income Taxes Paid			
<b>Total Expenditures</b>	\$ _____		

### REPRESENTATION AND WARRANTIES

I am providing financial statement for the purpose of obtaining financing from Chicago Community Loan Fund ("CCLF") on behalf of a business which I am the owner or an employee and agree that neither has committed to financing the Business and that neither can make such a determination until after it has completed its underwriting process. The undersigned understands that CCLF is relying on the information provided in this statement to determine whether or not to provide financing to the Business. I certify that the information provided is true and complete and that CCLF may consider this statement to be true and correct until a written notice of a change is given to CCLF. CCLF is authorized to make all inquiries that it deems necessary to verify the accuracy of this statement and to determine my creditworthiness or the creditworthiness of the Business. I also authorize CCLF and to answer questions and inquiries from others seeking credit experience information about the Business and me. If this is a joint financial statement, these representations and warranties are from each of us.

I HAVE READ, UNDERSTAND, AND HEREBY MAKE THESE REPRESENTATIONS AND WARRANTIES

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature (if joint financial statement)

\_\_\_\_\_  
Date

# Project Impact Data – Form H2

NILP Loan Application



CCLF, in line with our mission of fostering healthy, affordable, and environmentally responsible housing, is happy to offer developers who are rehabilitating 1-4 unit homes an **Energy Performance Loan Option**. This loan option offers lower interest rates, more flexible Loan to Value and Loan to Cost, and the opportunity to get a free energy audit to lower utility and water bills. This program is offered in partnership with Elevate Energy.

**Are you interested in learning more about CCLF’s Energy Performance Loan Option?** Yes No

**If YES, please complete the below building assessment:**

## Building & Site Conditions

Estimated year built: \_\_\_\_\_ How many years have you owned the building? \_\_\_\_\_

Has the building been occupied in the last 12 months?	Yes	No	
Number of residential units:	1	2	3 4 5+
Has the home experience flooding in the past ten years?	Yes	No	Not Sure
What type of roof does the building have?	Pitched	Flat	Other
Do you have access to the attic (pitch) or roof cavity (flat)?	Yes	No	Not Sure
Has the building been professionally air sealed?	Yes	No	Not Sure
Would you consider the building to be drafty?	Yes	No	Not Sure
Are any areas that are colder than others?	Yes	No	Not Sure
Is the roof in good condition/not leaking?	Yes	No	Not Sure

## Heating & Cooling Information

Natural Gas Utility  Peoples Gas  North Shore  Nicor

Electric Utility  ComEd  Other

Primary heating type  Central Boiler, hot water  Central Boiler, steam  Individual boiler, hot water

Individual gas, forced air  Other: \_\_\_\_\_

Number of central AC units: 0 1 2 3 4

# Project Jobs Data – Form J



**Please Note:** CCLF’s funders require verification of the actual number of jobs created at 12 months after closing. CCLF will contact borrower for this information in your annual compliance package. Your cooperation is appreciated. Please **reference the glossary** for definitions.

For all types of jobs, **report the number of Full-time Equivalents**. A Full-time Equivalent (FTE) job is the equivalent of at least a 35-hour workweek. In calculating the number of full-time equivalents, part-time jobs should be aggregated to full-time equivalents. Example: Two 20-hour jobs equals 1 FTE. For **construction or seasonal jobs**, convert the job to an annual FTE. Example: One 6-month, 35-hour per week construction job equals .5 FTE. An 18-month, 35-hour per week construction job that begins when the loan is closed equals 1 FTE in year one and .5 FTE in year two.

## Agency & Construction Jobs

	Jobs Resulting from CCLF Financing		Future Jobs	Quality of Jobs
	Retained	Created	Additional jobs that project will create	Estimated \$/Hr. or Annual Salary
<b>Direct Jobs</b>				
<b>Managerial Jobs</b>				
<b>Supervisory Jobs</b>				
<b>Entry-Level Jobs</b>				
<b>Construction Jobs</b>				

**Please list and describe any job contracts (ie, local hiring policies, contracts to employ CHA residents):**

### Job Definitions

- **Direct Jobs** are the jobs that are created or retained by the businesses or construction project.
- **Jobs Resulting from CCLF Financing** are the jobs at the business directly associated with the phase financed. For example, if the loan is for acquisition or predevelopment, this includes contractors that perform work associated with the acquisition or predevelopment activities such as lawyers, appraisers, architects, engineers, and others.
- **Jobs Retained** is a subset of Jobs at Loan Close. Jobs Retained are the jobs that would have been lost if the loan had not closed.
- **Future Jobs** are the full-time equivalent jobs expected to be created at the project, unrelated to the phase financed by CCLF. Examples:
  - For a predevelopment loan at a grocery store, the number of employees expected at the store.
  - For a housing construction loan, the number of property managers who will be employed.