

**City of McHenry  
Revolving Loan Fund Application**

**1. Information on business to be assisted:**

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Street Address of Project

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

\_\_\_\_\_  
Name of Principal in Charge Business Phone Cell Phone

\_\_\_\_\_  
Home Address of Principal

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

\_\_\_\_\_  
SS# of Principal DOB of Principal

\_\_\_\_\_  
Type of Business Date Established

\_\_\_\_\_  
Employer ID # Name of Bank/Financial Institution

\_\_\_\_\_  
Bank Address (include City, State and Zip Code)

**2. Project Description – Purpose of Request – Why undertaking the project:**

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

**3. Information on Project Impact:**

Job Impact:

# Existing Employees \_\_\_\_\_ # Positions Created \_\_\_\_\_ = Total \_\_\_\_\_

Relocation (if yes, identify new location in space provided):

Yes \_\_\_\_\_ No \_\_\_\_\_

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**4. Information on Participating Financial Institution:**

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Name of Institution

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Street Address

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City

State

Zip Code

Repayment Terms:

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**5. History and Description of Company and Principals:**

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**6. Information on Use of Project Funds:**

|  |          |          |
|--|----------|----------|
| Land Acquisition                             |          | \$ _____ |
| Land Improvement                             |          | \$ _____ |
| Purchase and/or Remodel on Existing Building |          | \$ _____ |
| New Construction                             |          | \$ _____ |
| Purchase and/or Repair Machinery & Equipment |          | \$ _____ |
| Purchase Furniture & Fixtures                |          | \$ _____ |
| Working Capital                              |          | \$ _____ |
| Other Contingencies (Identify below):        |          | \$ _____ |
| _____  | \$ _____ |          |
| _____  | \$ _____ |          |
| _____  | \$ _____ |          |
| _____  | \$ _____ |          |
| _____  | \$ _____ |          |
| Total Project Cost                           |          | \$ _____ |

**EMPLOYEE INCOME CERTIFICATION FORM**  
(Job Retention)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Employee:

Please provide the information requested on this form so that we can verify to the Department of Commerce and Economic Opportunity that your employment here is achieving the goals of the Illinois Community Development Assistance Program. The information will be placed in your confidential personnel files and is available to only a limited number of company officials. This information is also subject to verification by the City of McHenry and representatives of the Department of Commerce and Economic Opportunity.

For assistance, please see \_\_\_\_\_ . Thank you.  
(Company Official)

Step 1: Circle the size of your family. County yourself and all family members living at home.

|                |           |           |          |           |           |           |           |           |           |             |
|----------------|-----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|
| Family Size:   | 1         | 2         | 3        | 4         | 5         | 6         | 7         | 8         | 9         | 10          |
| Family Income: | +\$50,000 |           | \$75,000 |           | \$100,000 |           | \$125,000 |           | \$150,000 |             |
|                |           | \$175,000 |          | \$200,000 |           | \$225,000 |           | \$250,000 |           | \$275,000 + |

Step 2:

A. Indicate your racial group.

|                       |                           |                |
|-----------------------|---------------------------|----------------|
| White _____           | African American _____    | Hispanic _____ |
| Native American _____ | Asian/Pacific Islds _____ | Other _____    |

B. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

C. Are you a female Head of Household? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Are you handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_