



**ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC
OPPORTUNITY
NEW MARKETS DEVELOPMENT PROGRAM ACT TAX CREDIT
APPLICATION**

1. CDE NAME:	2. SUBSIDIARY CDE NAME (if applicable):	3. APPLICANT CDE EIN:	
4. MAILING ADDRESS:	5. CITY:	6. STATE:	7. ZIP:
8. TELEPHONE:	9. FAX:	10. EMAIL:	
11. ATTACH EVIDENCE OF THE APPLICANT'S CERTIFICATION AS A QUALIFIED COMMUNITY DEVELOPMENT ENTITY BY THE FEDERAL NMTC PROGRAM. APPLICANT MUST BE CERTIFIED TO CONTINUE STATE NMTC APPLICATION.			
12. ATTACH A COPY OF THE APPLICABLE ALLOCATION AGREEMENT(S) EXECUTED BY APPLICANT CDE, OR ITS CONTROLLING ENTITY, AND THE CDFI FUND.			
13. AUTHORIZED EXECUTIVE OFFICER—NAME AND TITLE:			
14. CERTIFICATION: I, _____, DO HEREBY CERTIFY AS THE AUTHORIZED EXECUTIVE OFFICER OF APPLICANT CDE THAT EACH ALLOCATION AGREEMENT ATTACHED HERETO REMAINS IN EFFECT AND HAS NOT BEEN REVOKED OR CANCELLED BY THE CDFI FUND. I FURTHER CERTIFY THAT WE ANTICIPATE RISING THE REQUIRED FUNDS AND THAT WE WILL MAINTAIN THE CAPACITY AND ABILITY TO GENERATE ELEGIBLE INVESTMENTS IN THE AMOUNT EXPRESSED IN THIS APPLICATION AND THAT IT WILL BE PROVIDED TO THE DEPARTMENT WITHIN A 30-DAY PERIOD INITIAL: _____			
15. PURCHASER OF QEI:		16. AMOUNT OF QEI: \$ _____	
17. PERCENTAGE OF MATCHING FEDERAL NMTC (if applicable): _____%			
18. ATTACH DESCRIPTION OF PROPOSED STRUCTURE OF THE QEI OR LONG-TERM DEBT SECURITY.			
19. ANTICIPATED AMOUNT OF APPLICABLE TAX CREDITS REQUESTED:			
20. DOES THE APPLICANT PLAN TO WITHDRAW THEIR APPLICATION IN THE CASE OF A PARTIAL AWARD?			
21. TAXPAYER(S) ELIGIBLE TO UTILIZE ILLINOIS NMTC EARNED BY HOLDER OF QEI OR LONG-TERM DEBT SECURITY PURSUANT TO SECTION 15 OF NEW MARKETS DEVELOPMENT PROGRAM ACT (if applicable, i.e. pass-through entity*): (attach additional sheets if necessary) ELIGIBLE TAXPAYER: _____ EIN: _____ <small>*If ultimate user of Illinois NMTC is unknown, Applicant (if application is approved) commits to notify the Department of name(s) and EIN(s) of the ultimate user(s) prior to such taxpayers claiming Illinois NMTCs on any tax returns.</small>			
22. PROPOSED USE OF PROCEEDS—IDENTIFY NAME AND LOCATION OF ILLINOIS QALICB(S) AND AMOUNT OF ILLINOIS QLICI(S) (if available*): (attach additional sheets if necessary) QALICB: _____ LOCATION: _____ AMOUNT OF QLICI: _____ CENSUS TRACT NUMBER: _____ <small>*The taxpayer is not required to identify the use of proceeds, but the Illinois NMTCs earned are subject to recapture if the issuer fails to invest at least 85% of the amount identified in Item 16 in Illinois QLICIs by the first anniversary of the Initial Credit Allowance Date.</small>			
23. INCLUDE NONREFUNDABLE APPLICATION FEE OF \$5,000 WITH THIS APPLICATION.			
TAXPAYER SIGNATURE:	PRINT NAME:	TITLE:	DATE: