

REQUEST TO BECOME AN ADVANTAGE ILLINOIS LENDER COLLATERAL SUPPORT PROGRAM

Send completed certification, requested lender information (including signed W-9) and the financial analysis of the prospective loan for which collateral support is being requested to:

ILDCEO
Advantage Illinois
500 E. Monroe - 4th Floor
Springfield, IL 62701

CERTIFICATION

Name of financial institution: _____

Our organization is hereby requesting to become a Lender under Advantage Illinois for the Participation Loan Program. Our organization is (mark one):

_____ National Bank

_____ State Bank

_____ Credit Union

_____ Non-depository Community Development Financial Institution as defined in section 103 of the Riegle Community Development and Regulatory Improvement Act of 1994, or

_____ Other non-depository lending institution.

I hereby certify that our financial institution is in material compliance with all federal and state laws, rules, and regulations pertaining to the making of loans (including 31 C.F.R. § 103.121 and 31 C.F.R. § 1020.220)

Signature

Name

Title

Date

If the Lender is under a Memorandum of Understanding or other regulatory action, it must submit a certification from its Corporate Counsel affirming that the Lender has addressed the issues raised by the government and is in substantial compliance with the regulator's guidance.

If your organization is a CDFI or other non-depository financial institution, please attach a narrative outlining your organization's commercial lending history/performance and financial and managerial capacity to participate in this program, Articles of Incorporation, By-Laws, and a copy of your most recent audited financial statement.

Attach a copy of the write-up prepared by your organization analyzing the loan application for which collateral support is being requested. Include the dollar amount of requested from DCEO as collateral support.

(Note: Any loan that has been closed prior to approval by our Department is ineligible for participation in CSP.)

Please complete the information below and attach to the above certification:

(PARTICIPATING LENDER NAME)

(PARTICIPATING LENDER ADDRESS)

(PARTICIPATING LENDER CITY/STATE/ZIP + 4)

(PARTICIPATING LENDER CONTACT / TITLE)

(PERSON AUTHORIZED TO SIGN AGREEMENT / TITLE)

PHONE: _____
(PARTICIPATING LENDER)

FAX: _____
(PARTICIPATING LENDER)

FEIN: _____
(PARTICIPATING LENDER)

Email address: _____
(PARTICIPATING LENDER)

Include a completed and signed Form W-9 and IRS Assignment Letter. If needed, a Form W-9 may be obtained from this website:

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Please complete the W-9 exactly as the IRS has the entity listed in its records. If you are unsure of the exact name or Taxpayer Identification Number (TIN) you may call

1-800-829-4933, IRS Entity Unit, to verify the TIN.

Note: The name on the W-9 and the IRS Assignment Letter must be identical.