



Aurora's Economic Development Partnership

43 W. Galena Blvd. | Aurora, IL 60506

630-256-3160

info@investaurora.org | www.investaurora.org

BUSINESS EXPANSION THREE YEAR FORGIVABLE LOAN PROGRAM

Invest Aurora's Business Expansion Three Year Forgivable Loan Program is intended to assist low to moderate income entrepreneurs and microenterprise businesses (5 or fewer employees, at least one of them whom owns the enterprise) attain access to capital. Eligible uses of the loan include:

- Start-up expenses
- Purchase supplies / Inventory / Equipment
- Working capital for staff salaries or leasing space
- Marketing

The minimum loan is \$1,000. The maximum loan amount is \$10,000. Funds are subject to meeting requirements under policies and objectives outlined by the City of Aurora, Invest Aurora, and the United States Department of Housing and Urban Development Community Development Block Grant Program. Such policies include but are not limited to income qualification and environmental clearance.

PERSONAL INFORMATION

RESIDENTIAL INFORMATION

BORROWER'S NAME

TIME AT CURRENT RESIDENCE (YEARS / MONTHS)

HOME ADDRESS

OWN OR RENT IF RENTAL PLEASE ANSWER THE FOLLOWING QUESTIONS

CITY / STATE / ZIP CODE

LANDLORD'S NAME

WORK PHONE NUMBER

CELL PHONE NUMBER

LANDLORD'S COMPANY NAME

EMAIL ADDRESS

PHONE NUMBER

FAX NUMBER

SSN

DATE OF BIRTH

PREVIOUS ADDRESS (IF LESS THAN 1 YEAR)

PERCENTAGE OF BUSINESS OWNERSHIP _____

CITY / STATE / ZIP CODE



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BUSINESS INFORMATION

BUSINESS INFORMATION (CONT.)

LEGAL NAME OF BUSINESS

TIME OWNING BUSINESS (YEARS / MONTHS)

BUSINESS ADDRESS

SOLE PROPRIETORSHIP

PARTNERSHIP

CITY / STATE / ZIP CODE

LIMITED LIABILITY CORPORATION

CORPORATION

PHONE NUMBER

FAX NUMBER

OTHER (SPECIFY):

BUSINESS TYPE (CHECK ONE ABOVE)

WEB ADDRESS

YEAR / STATE OF INCORPORATION

TIME AT CURRENT LOCATION (YEARS / MONTHS)

FEDERAL TAX ID NUMBER

OWN OR RENT IF RENTAL PLEASE ANSWER
THE FOLLOWING QUESTIONS

NUMBER OF FULL-TIME
EMPLOYEES

NUMBER OF PART-TIME
EMPLOYEES

LANDLORD'S NAME

LANDLORD'S COMPANY NAME

PHONE NUMBER

FAX NUMBER



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PARTNER INFORMATION

NAME OF PRINCIPAL	DATE OF BIRTH	SSN	PERCENT OF OWNERSHIP
NAME OF PRINCIPAL	DATE OF BIRTH	SSN	PERCENT OF OWNERSHIP
NAME OF PRINCIPAL	DATE OF BIRTH	SSN	PERCENT OF OWNERSHIP
NAME OF PRINCIPAL	DATE OF BIRTH	SSN	PERCENT OF OWNERSHIP

LOAN REQUEST INFORMATION

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS ACTIVITY:

YEARS OF EXPERIENCE IN THE INDUSTRY: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR PROPOSED USE OF THE BUSINESS EXPANSION FORGIVABLE LOAN PROGRAM:

PLEASE PROVIDE A BRIEF DESCRIPTION OF HOW YOUR PROJECT WILL BENEFIT THE BROADER AURORA COMMUNITY:



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LOAN REQUEST INFORMATION (CONT.)

LOAN AMOUNT REQUESTED: _____

PURPOSE OF LOAN (PLEASE LIST SPECIFIC ITEMS)	DOLLAR AMOUNT
TOTAL REQUEST:	

FINANCIAL INFORMATION

BUSINESS ASSETS

ASSETS INCLUDE: MATERIALS, INVENTORY, MACHINERY, ACCOUNTS RECEIVABLE, FURNITURE, VEHICLES, ETC.

ITEM DESCRIPTION	PURCHASE DATE	ESTIMATED VALUE	OWN OUTRIGHT?
TOTAL:			

BUSINESS LIABILITY

LIABILITIES INCLUDE: ANY AND ALL LOAN PAYMENTS, SUPPLIER CREDIT, BUSINESS VEHICLE PAYMENTS, EQUIPMENT LEASES, PERSONAL LOANS FROM FAMILY OR FRIENDS, CREDIT CARDS, ETC.

ITEM DESCRIPTION	CREDITOR	MONTHLY PAYMENT	TOTAL BALANCE
TOTAL:			



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FINANCIAL INFORMATION (CONT.)

BUSINESS COLLATERAL

COLLATERAL INCLUDES: EQUITY IN PERSONAL OR COMMERCIAL REAL ESTATE, PERSONAL OR BUSINESS VEHICLES, AND BUSINESS ASSETS

ITEM DESCRIPTION	ESTIMATED VALUE	OWN OUTRIGHT?
TOTAL:		

BUSINESS INCOME / EXPENSES (MONTHLY)

SOURCE OF INCOME	AMOUNT	EXPENSES	AMOUNT
TOTAL BUSINESS INCOME:		TOTAL BUSINESS EXPENSES:	

HOUSEHOLD INCOME / EXPENSES (MONTHLY)

SOURCE OF INCOME	AMOUNT	EXPENSES	AMOUNT
TOTAL BUSINESS INCOME:		TOTAL BUSINESS EXPENSES:	



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EMPLOYMENT INFORMATION

NAME OF EMPLOYER (IF APPLICABLE)

CONTACT NAME

BUSINESS ADDRESS

CITY / STATE / ZIP CODE

PHONE NUMBER

FAX NUMBER

MONTHLY INCOME: _____

TIME OF CURRENT EMPLOYMENT (YEARS / MONTHS)

CO-BORROWER'S INFORMATION

CO-BORROWER'S NAME

HOME ADDRESS

CITY / STATE / ZIP CODE

WORK PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

SSN

DATE OF BIRTH

PERCENTAGE OF BUSINESS OWNERSHIP: _____



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I ATTEST THAT I HAVE READ THE ENTIRE APPLICATION AND APPLICANT CHECKLIST AND FULLY UNDERSTAND MY RESPONSIBILITIES AND OBLIGATIONS UNDER THIS APPLICATION. I ATTEST THAT ALL THE INFORMATION PROVIDED IS ACCURATE. I AUTHORIZE INVEST AURORA TO INVESTIGATE AND VERIFY THE INFORMATION ABOVE. I AUTHORIZE INVEST AURORA TO PERFORM A CREDIT CHECK, WHICH MAY INCLUDE OBTAINING CONSUMER AND / OR COMMERCIAL CREDIT REPORTS AND TO EXCHANGE INFORMATION ABOUT CREDIT EXPERIENCE WITH OTHER CREDITORS FROM TIME TO TIME, AS AUTHROIZED BY LAW.

SIGNATURE OF BORROWER

SIGNATURE OF CO-BORROWER

PRINTED NAME

DATE _____

PRINTED NAME

DATE _____