Dan Rutherford
Illinois State Treasurer

Community Invest Disaster Recovery Program

Application to participate in the Treasurer's Disaster Recovery program

The undersigned (Borrower) hereby requests _____ (loan amount) from _____ (Financial Institution) of _____ (city) under the State Treasurer's Disaster Recovery loan program. Borrower acknowledges that funds shall be used for costs related to disaster recovery in Illinois. Borrower further acknowledges that the officer or employee (or spouse thereof) of the financial institution making the loan certifies that all of the representations made in the application are true and correct.

SECTION 1

BORROWER AND INSURANCE INFORMATION:

1.1 Borrower Information

Borrower's Name: _____
Business or Organization (if appropriate): _____
Address: _____
City, County, State, Zip: _____
Phone Number: _____
Fax Number: _____
E-mail Address: _____
Date of incident: _____
How did you hear about our program? _____

1.2 Insurance Information (if applicable)

Name of Insurance Company: _____
Insurance Co. Phone Number: _____
Policy #: _____

1.3 Reason for Loan: _____
(home repair, business repair, medical expenses, etc.) _____
_____
_____

1.4 Estimated costs and expenses: $_____
(Borrower must provide estimates and quotes to support amount)

SECTION 2

FINANCIAL INFORMATION:

2.1 Financial Institution

Institution Name: _____
Address: _____
City, County, State, Zip: _____
Loan Officer: _____
Phone Number: _____
Fax Number: _____
E-mail Address: _____

Applicant Signature: _____ Title: _____

Print Name: _____ Date: _____

Please return the completed application to:
Illinois State Treasurer Dan Rutherford
Community Invest: Disaster Recovery
100 W. Randolph Street, Suite 15-600
Chicago, Illinois 60601
Phone: (866) 523-0641 • Fax: (312) 814-3716
www.treasurer.il.gov

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For further information and assistance, contact our Disaster Recovery hotline at (866) 523-0641.