



## Lender Participation Application

order and I loans the I	("Financial Institution"), of the city of
I her	eby attest and certify that the following statements are true and accurate:
]	1. My job title is of Financial Institution, and I am authorized to execute this application on behalf of Financial Institution;
2	2. I have such familiarity with the business and affairs of Financial Institution so as to be able to knowledgeably make the statements set forth in this attestation and certification;
3	3. I understand that the Treasurer will rely, in part, on the statements set forth herein in connection with determining whether Financial Institution will be approved as a lender under the Program;
2	4. Financial Institution is an FDIC or NCUA insured Financial Institution with an FDIC or NCUA Number of ; and
4	5. Financial Institution is an Illinois or national institution that is authorized to do business in Illinois and has a presence in Illinois.
Name of Financial Institution:	
Auth	norized Representative Signature: Date:
repr	SCRIBED and SWORN to before me (Notary signature date should match that of the authorized essentative signature date) ary Public Signature) This day of  Notary Seal
Following the Treasurer's approval of this application, Financial Institution will receive a Finally Home Agreement between Financial Institution and Treasurer that must be executed and return to the Treasurer within ten days of receipt.  Please return this application to:	
	Finally Home Program Office Office of the Illinois State Treasurer 400 W. Monroe, Suite 401 For Office Use Only

Springfield, IL 62704 E-mail: finallyhome@illinoistreasurer.gov Phone (866) 458-7327 | Fax (217) 557-6439