



STATE TREASURER'S
OPPORTUNITY ILLINOIS: Disaster Recovery Loan
PROGRAM APPLICATION

1 YEAR INSURANCE COVERAGE BRIDGE LOAN

TO: Honorable Alexi Giannoulias
Illinois State Treasurer
300 West Jefferson Street
Springfield, Illinois 62702

Dear Treasurer Giannoulias:

The undersigned (Borrower) hereby acknowledges receipt of \$_____ from
_____ (Financial Institution) of
_____ (city) under the State Treasurer's 2007 Disaster Recovery Loan Deposit Program.
Borrower acknowledges that funds shall be used for costs related to disaster recovery in Illinois in 2007. Borrower
certifies that he or she HAS THE PROPER INSURANCE COVERAGE to eventually pay for the costs caused by the
disaster. Borrower further acknowledges that he or she is not a director, officer or employee (or spouse thereof) of the
financial institution making the loan. The borrower certifies that all of the representations made in the application are
true and correct.

BORROWER INFORMATION:

Borrower's Name: _____
Address: _____
City, State, Zip: _____ County: _____
Social Security #: _____ - _____ - _____
Phone Number: (_____) _____ - _____
Name of Insurance Company: _____
Insurance Co. Phone Number: _____ Policy #: _____
Reason for Loan (home repair, business repair, medical expenses, etc.):

Borrower's Signature: _____ Date: _____

FINANCIAL INSTITUTION:

Financial Institution's Name: _____
Address: _____
City, State, Zip: _____
Loan Officer: _____
Phone Number: (_____) _____ - _____
Fax Number: (_____) _____ - _____
Disaster Declaration Date: _____
Corresponding Deposit Date: _____

Authorized Bank Signature: _____ Date: _____
Title: _____

Please return the completed application to:

Alexi Giannoulias Illinois State Treasurer, Banking Division, 300 West Jefferson Street, 2nd Floor, Springfield, Illinois 62706
Phone: (217) 782-2072 • Fax : (217) 522-1217

www.treasurer.il.gov