COOK COUNTY NO CASH BID PROGRAM
THIRD PARTY REQUESTOR AFFIDAVIT PACKAGE

June 2011

The following items shall be submitted with a complete No Cash Bid Program Request Package where there is a Third Party Requestor. If there are questions regarding this program, please contact Cook County Bureau of Economic Development at 312-603-1012.

Third Party Requestor Affidavit Package

The Third Party Requestor Affidavit Package contains two parts: **1) a four page affidavit form** to be completed and signed by the Third Party Requestor **and 2) additional information** on the Third Party Requestor submitted through letters and/or other documentation.

1. Third Party Requestor Affidavit Form – see following document

The affidavit is a 4-page form which covers the following points on the Third Party Requestor:

- They haven't been involved with the PIN(s) sought and/or the delinquent taxes
- They don't own property in Cook County that is tax delinquent
- They have listed the PIN(s) being sought on affidavit form
- They have identified all persons involved in the application and/or corporation

All blanks must be filled in with requested information or "Not Applicable".

2. Additional Information on the Third Party Requestor to be Submitted

This background information on the Third Party Requestor may be submitted as letters which cover all points listed below and/or in copies of substantiating documents.

A. **Evidence of successful developments of a similar scope and nature.** A letter, from the municipality, shall be submitted to Cook County Bureau of Economic Development describing the Third Party's capacity to complete the project. Marketing material can also be submitted.

B. **Three references** from contractors, financiers or members of the real estate, construction and/or other community, with knowledge of past work (not from within own company).

C. Brief **written description of the project** to include:

- Land use and building details
- Project schedule
- Description of estimated costs for new construction and rehabilitation
- Description of tenants or other final users (Will this be housing to be sold at market rate or subsidized? Will this be rental space; developed for seniors or other special needs population; rehabbed commercial space; constructing a new industrial site?)
- Number and types of jobs created and retained
  i.e. management, construction, full-time, part-time
- Environmental cleanup plan, describing pollutants and financial source, if needed

D. **Examples of the Third Party Requestor's financial capacity**

- Letter, from a bank or other funding source, describing credit history and denoting that Third Party is a customer in good standing
- Copy of the loan commitment
- Third Party's financial pro forma, sources of funds and/or equity listed

COOK COUNTY NO CASH BID PROGRAM
THIRD PARTY REQUESTOR AFFIDAVIT FORM

June 2011

Date:_____

Name:_____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____

I (we) have applied to _____ (name of taxing body) for acquisition of properties described in the attached Schedule A through the "No Cash Bid" Program. As a condition of the county's approval, I (we) hereby state as follows:

1.) I (we) have made successful application to ____ (name of taxing body) for the aforesaid properties.

2.) The parties identified in Schedule B attached to this application are all of the persons in whose name the above application has been submitted. For organization applicants, we have also included a schedule of partners, directors, officers and shareholders.

3.) Neither I (we) nor any person (including officers, partners, shareholders or directors of organizations) was an owner of, agent of an owner, mortgagee of, agent of a mortgagee, lien holder or agent of a lien holder, holder of beneficial interest of agent of a holder of beneficial interest in or of any property identified in the attached Schedule A on January 1 of any year for which taxes were delinquent or at the time of this affidavit.

4.) Neither I (we) nor any person or organization identified in Schedule B was an owner of, agent to an owner, or a party or agent for a party responsible for the payment of all delinquent taxes on any property in Cook County which was tax delinquent or forfeited for all or any part of each of two or more years at the time of this affidavit.

5.) Neither I (we) nor any person acting on my (our) behalf has twice failed to complete a purchase of sale during which properties on the attached Schedule A were offered by failing to immediately pay the minimum bid or by failing to pay the balance of any bid within the prescribed time period.

I (we) hereby affirm that I (we) have read this affidavit and the statements in it are personally known to me (us) to be true, accurate and complete under penalty of perjury as provided by law.

_____ Purchaser

_____ Purchaser

If an organization: By: _____

Name of Organization:_____ Its: _____

Schedule A
List of Properties

Volume No.	Permanent Index No (PIN)	Address/City/Zip	Property Type	Current Condition

I (we) hereby affirm that the above is a complete list of properties for which we have submitted applications to _____ (name of taxing body)

Signed under penalty of perjury as provided by law this_____ day of _____, 2011.

_____ Applicant

_____ Applicant

If an organization: By: _____

Name of Organization:_____ Its: _____

Schedule B
List of Applicants, Partners, Directors, Officers and Shareholders

1.) If applicant is a natural person, provide the following for each applicant:

Name	Address	City/State/Zip	Telephone	Social Security No.

2.) If applicant is a corporation, provide the following information for each applicant.

Name of Corporation: _____

Place of Incorporation:_____

Certificate of Incorporation No._____

Registered Agent:

Name	Address	City/State/Zip	Telephone

Is the corporation in good standing? Yes_____ No
Is the corporation publicly held? Yes_____ No
If no, list shareholders:

Name	Address	City/State/Zip	Telephone

List corporate officers:

Name	Address	City/State/Zip	Telephone

3.) If applicant is a partnership, list all general or limited partners:

Name	Address	City/State/Zip	Telephone	Partner Type

4.) If applicant operates under an assumed name, provide the following:

County(ies) where assumed name is registered:

All persons having an ownership interest in the business bearing the assumed name. (If this information has been provided in a previous section, indicate the section)

Name	Address	City/State/Zip	Telephone

Each of the undersigned hereby certifies under penalty of perjury as provide by law that all of the information set forth in this Schedule B is true, accurate and complete.

Signed under penalty of perjury as provided by law this_____ day of_____ , 2011.

_____ Applicant

_____ Applicant

If an organization: By: _____

Name of Organization:_____ Its: _____