

Illinois State Board of Education  
 Division of Funding and Disbursement Services (E-320)  
 Springfield, Il. 62777-0001

**Supplemental State Aid in Cases of Bankruptcy**  
**105 ILCS 5/18-9 (d)**

District RCDT	Region	County
District Name		
Name of Person or Corporation who is subject to Bankruptcy Proceedings		

Assessment (Tax) Year	<b>(a)</b>	Year of Payment Delinquency	<b>(b)</b>
District Total Tax Rate	<b>(c)</b>	Amount of Delinquency	<b>(d)</b>
EAV of Delinquent Entity	<b>(e)</b>	Total District EAV	<b>(f)</b>
This figure <u>must</u> be 6% or greater to qualify for the 18-9 supplemental State aid. [(e/f) x 100]			<b>(g)</b> %
Enter 2.30 for an <b>elementary</b> district, 1.05 for a <b>high school</b> district or 3.00 for a <b>unit</b> district.			<b>(h)</b> %
Enter the lesser of (c) or (h).			<b>(i)</b> %
EAV of Delinquent Entity (e)			<b>(j)</b>
Requested supplemental State aid under 105 ILCS 18-9 is , <b>(i) x (j):</b>			<b>(k)</b>

I do hereby certify that I am the County Clerk of \_\_\_\_\_ County, Illinois, and that the foregoing information concerning equalized assessed valuation, tax rate, and delinquency for the named school district and taxpayer are correct as shown by the records of my office and that if the district at any time recovers any portion of the delinquent taxes shown on this application, the County Clerk shall promptly notify the State Board of Education.

Signature of County Clerk \_\_\_\_\_  
 (Seal) Date \_\_\_\_\_

I do hereby certify that I am the Superintendent of \_\_\_\_\_ School District; that the information contained in this application is correct; and that if the district at any time receives any portion of the delinquent taxes shown on this application, the district shall promptly notify the State Board of Education.

Signature of Superintendent \_\_\_\_\_  
 Date \_\_\_\_\_