

Enterprise Community Impact Note Investment Application

<p>I would like to invest:</p> <p>\$ _____</p> <p>in an Enterprise Community Impact Note.</p> <p><input type="checkbox"/> I have received the prospectus that details the terms, risks and other important information regarding the Enterprise Community Impact Note.</p>	<p>Write in term and rate from the current Rate Sheet available at www.impactnote.com.</p> <p>Rate: _____ Term: _____</p>	<p>Please select how you would like your accrued interest to be distributed:</p> <p><input type="checkbox"/> Distribute annually</p> <p><input type="checkbox"/> Reinvest annually</p> <p><input type="checkbox"/> Donate to Enterprise Community Partners, Inc.</p>																							
<p>Interest Area(s): <i>Please designate your area(s) of interest (circle as many as applicable):</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Geographic</th> <th style="text-align: left;">Geographic</th> <th style="text-align: left;">Sector</th> <th style="text-align: left;">Initiative</th> </tr> </thead> <tbody> <tr> <td>Northern California</td> <td>Southeast</td> <td>Affordable Housing</td> <td rowspan="2"><i>Partnership to End Homelessness</i> (Washington, DC)</td> </tr> <tr> <td>Southern California</td> <td>Mid-Atlantic</td> <td>Healthcare</td> </tr> <tr> <td>Midwest</td> <td>Pacific Northwest</td> <td>Healthy Food</td> <td></td> </tr> <tr> <td>New York</td> <td>Gulf Coast</td> <td>Educational Facilities</td> <td></td> </tr> <tr> <td>Colorado</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Other _____</p>			Geographic	Geographic	Sector	Initiative	Northern California	Southeast	Affordable Housing	<i>Partnership to End Homelessness</i> (Washington, DC)	Southern California	Mid-Atlantic	Healthcare	Midwest	Pacific Northwest	Healthy Food		New York	Gulf Coast	Educational Facilities		Colorado			
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<p>Partnership to End Homelessness</p> <p><input type="checkbox"/> By selecting the <i>Partnership to End Homelessness</i> Initiative and <u>this box</u> you agree that we may share your name, investment amount and email address with the Greater Washington Community Foundation.</p>																									
<p>Targeting: <i>Optional for investors who are interested in supporting specific causes: Please discuss investment targeting in advance with an Enterprise Community Loan Fund Representative at 1-877-389-9239. A targeted investment in the Note is not guaranteed to be used in a requested area and may be untargeted at any time. Please refer to the prospectus for a complete explanation of this option.</i></p> <p><input type="checkbox"/> I have confirmed with an ECLF representative and I would like my investment to be targeted as follows: _____</p>																									

These securities are exempt from federal registration and have not been approved or disapproved by the Securities and Exchange Commission or any state securities commission, nor has the federal or any state securities commission passed on the accuracy or adequacy of this document. Any representation to the contrary is a criminal offense.

Notes are not secured by any specific loans or assets. Notes are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not insured by the FDIC, SIPC, or any other agency.

Notes are issued to investors who invest for specific terms with the expectation of a fixed rate of return. Notes are subject to certain risks as disclosed in the prospectus, which should be read before investing.

There can be no assurance that we will have sufficient cash reserves to satisfy all outstanding obligations.

If you have any difficulty filling out this form, or need additional information, please call Enterprise at 877.389.9239.

IMPORTANT NOTICE—The USA PATRIOT Act. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who purchases a Note. When you purchase a Note we will verify the following information: your name, address, date of birth and potentially other identifying information.

By signing and submitting this form, I hereby agree to be bound by the terms of the prospectus, and acknowledge that all notices and documentation related to my investment(s) in the Impact Note, including tax forms, will be delivered electronically to the e-mail address(es) provided on this investment application, unless I choose to opt-out of electronic delivery. I understand that after I provide consent to electronic delivery, I may choose to opt-out of receipt of electronic delivery of documents at any time and I am also entitled to receive documents on paper, upon my request, free of charge. To request paper documents or opt-out of electronic delivery, I understand I should contact Enterprise by telephone at 877-389-9239 or email at impactnote@enterprisecommunity.org.

By checking this box, I am requesting a duplicate copy of all investment-related documents (i.e. 1099s, investment confirmations) be sent to the following individual(s) designated in this Investment Application in the manner below:

Electronic delivery to _____

Hardcopy to _____

Sign Here:

Individual, Trustee, or Officer Signature

Date

Joint Signature

Date

Please check all of the boxes that apply and provide all required information.

Individual Investor (or Custodian of an UGMA/UTMA)

First Name	Middle Name	Last Name		
Social Security Number	Date of Birth	U.S. Citizen?	Country of Legal Residency	
Home Address (No PO Box)	City	State	Zip Code	
Home Phone	E-Mail Address			
Employment Status (Employed/Self-Employed/Retired/Student/Unemployed/Other)				
Name of Employer				
Employer Address	City	State	Zip Code	

Joint Investor (or Minor on an UGMA/UTMA)

First Name	Middle Name	Last Name		
Social Security Number	Date of Birth	U.S. Citizen?	Country of Legal Residency	
Home Address (No PO Box)	City	State	Zip Code	
Home Phone	E-Mail Address			
Employment Status (Employed/Self-Employed/Retired/Student/Unemployed/Other)				
Name of Employer				
Employer Address	City	State	Zip Code	

Institutional Investor

Legal Name of Institution	Tax Identification Number			
Address (No PO Box)	City	State	Zip Code	

Institutional Investor Authorized Representative I

First Name **Middle Name** **Last Name**

Social Security Number **Date of Birth**

Are you a U.S. Citizen? **Country of Legal Residency**

Home Address (No PO Box) **City** **State** **Zip Code**

Home Phone **E-Mail Address**

Employment Status (Employed/Self-Employed/Retired/Student/Unemployed/Other)

Name of Employer

Employer Address **City** **State** **Zip Code**

Institutional Investor Authorized Representative II (Optional)

First Name **Middle Name** **Last Name**

Social Security Number **Date of Birth**

Are you a U.S. Citizen? **Country of Legal Residency**

Home Address (No PO Box) **City** **State** **Zip Code**

Home Phone **E-Mail Address**

Employment Status (Employed/Self-Employed/Retired/Student/Unemployed/Other)

Name of Employer

Employer Address **City** **State** **Zip Code**

Advisor for Investor

Advisor Name	Advisor's Firm
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Advisor's E-mail Address	Advisor's Phone Number
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Advisor Address	City	State	Zip Code
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