

CAPITAL ACCESS PROGRAM – Loan Enrollment Form

1. Lender Information:

Name of Lender: _____ Lender's Address: _____

2. Loan Information:

Loan Date: _____ Loan Number: _____

Loan Amount: \$ _____ Loan Amount to be Guaranteed: \$ _____

a. Choose and Specify Source of Funding:
 Government: Federal/State/Local _____ Private: _____

***Reminder: CAP Loans cannot be enrolled in any other Federal or State Loan Guarantee or Loan Loss Reserve Program.**

****Provide ADFA with documentation to verify source of funding for loan when submitting this enrollment request.**

b. Loan Description (Purpose, Terms, Maturity, Rate, and Collateral): _____

3. Reserve/Premium Information: (Combined Borrower and Lender Contribution, min 3% to max 7%)

Borrower Reserve: \$ _____ Lender Reserve: \$ _____ Total Reserve: \$ _____

4. Borrower Information:

Name of Borrower: _____

Borrower's Address: _____

5. Business Information:

Incorporation Date: _____ Years in Business: _____ Is this a Startup Business? (Y/N): _____

Census Tract: _____ NAICS Code: _____ Minority/Female Owned? (Y/N): _____

Annual Revenues Last Fiscal Year: \$ _____

Business Employment Numbers: Jobs Retained: _____ Jobs Created: _____ Fulltime Employees: _____

6. Existing Loans to Borrower NOT Previously Enrolled into Capital Access (Loan # and Amount):

1.\$ _____ 2.\$ _____

3.\$ _____ 4.\$ _____

7. Loans Previously Enrolled into Capital Access (Loan # and Amount):

1.\$ _____ 2.\$ _____

3.\$ _____ 4.\$ _____

8. Refinancing of Existing Capital Access Loans ONLY

a. 1. Loan #: _____

2. Original Guaranty Amount: \$ _____

3. Loan Balance Prior to Renewal: \$ _____

4. Amount of Loan Renewal: \$ _____

5. New Guaranty Amount: \$ _____

b. If (a.5.) is Greater than Line (a.2.), additional reserve funds are required for the difference in the Original Guaranty Amount and the New Guaranty Amount.

9. Authorization: Lender makes the representations and warranties specified in Section 2 of the Agreement.

Authorized Signature: _____ Date: _____

Print Name and Title: _____

Forward completed form to: Charles Cathey, VP Development Finance, ADFA, P.O. Box 8023, Little Rock, AR 72203-8023 | (501) 682-5906

 Email: Charles.Cathey@Arkansas.gov CC: Kimberly.Helble@Arkansas.gov

FOR ADFA USE ONLY

Borrower and Lender Reserve Contribution: Percent: _____ % Contribution Amount: \$ _____

Check Date: _____ Check #: _____ Date Verified: _____

Previous CAP Enrolled Loans Verified: 1. \$ _____ 2. \$ _____

3. \$ _____ 4. \$ _____

ADFA Reserve Contribution: \$ _____

ADFA Transfer Amount: \$ _____

Signed: _____

Dated: _____