ADFA
ARKANSAS DEVELOPMENT FINANCE AUTHORITY

900 West Capitol, Suite 310
Little Rock, AR 72201
501.682.5900

arkansas credit reserve claim form

lender information

Please attach internal documentation validating the claim amount

Lender Name: _____

Contact Name: _____

Telephone Number: _____

borrower information

Borrower Name: _____

Borrower Address: _____

City, State, Zip: _____

Lender's Loan Number: _____

Outstanding Balance of Loan: $_____
(Immediately prior to charge off)

amount of claim

Principal: $_____

Accrued Interest: _____

Documented Out-of-Pocket Expenses: $_____

Total Claim: $_____
Total Amount of Claim not to exceed Original Principal Amount Registered

_____
Authorized Signature of Lender Date

_____
Print Name and Title

lender's officer attesting to authenticity of claim

_____
Signature **Date**

_____
Print Name and Title