

CAPITAL ACCESS PROGRAM CLAIM FORM



1. Name of Lender: _____

2. Lender ID#: _____

3. Lender Loan #: _____

4. Name of Borrower: _____

5. ADFA Loan #: _____

6. Outstanding Balance of Loan (immediately prior to charge-off): \$ _____

7. Amount of Claim:

a. Principal: \$ _____

b. Accrued Interest: \$ _____

c. Documented out of pocket expenses: \$ _____

Total Amount of Claim: \$ _____

8. Justification for the Claim: _____

Authorized Signature: _____ Date: _____

Name and Title: _____

Completed Claim Form and Supporting Documentation for Collection Efforts for Recovery should be forwarded to:

Kimmy Helble, CAP Administrator

ADFA

P.O. Box 8023, Little Rock, AR 72203-8023

(501) 682-5907 | Kimberly.Helble@Arkansas.gov CC: Charles.Cathey@Arkansas.gov