

CAPITAL ACCESS PROGRAM

Loan Enrollment Form

1. **Lender Information:** _____

2. **Loan Information:** Loan Date: _____ Loan Number: _____

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

Reminders: CDFIs may enroll loans funded with unguaranteed Federal or State sources, other Lenders CAP Loans remain prohibited. Provide ADFA with documentation to verify source of funding for loan when submitting this enrollment request.

Loan Term: _____ Months Primary Loan Purpose: _____

Loan APR % _____ Interest Rate % _____

Interest Rate Variability: Fixed __ Adjustable __ Both __ Secondary Loan Purpose: _____

Total Origination Charges: \$ _____

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: _____

Name of Business: _____

Business Address: _____

5. **Business Information:** Year Started: _____ Incorporation Date: _____

Form of Business: Co-op __ Corporation __ LLC __ Non-Profit __ Partnership __ Sole Prop. __ Other (specify): _____

Census Tract: _____ NAICS Code: _____ Tax ID/EIN: _____

Annual Revenues: _____ Year: \$ _____ Net Income: _____ Year: \$ _____

Business Employment Numbers: Fulltime Equivalent: _____ Jobs Retained (Immediate): _____ Jobs Created (Over 24 Mos): _____

a. Existing Loans NOT Previously Enrolled in CAP (Amount and Loan #): **b. Loans Previously Enrolled in CAP (Amount and Loan #):**

1. \$ _____ #: _____

1. \$ _____ #: _____

2. \$ _____ #: _____

2. \$ _____ #: _____

3. \$ _____ #: _____

3. \$ _____ #: _____

4. \$ _____ #: _____

4. \$ _____ #: _____

To provide additional entries, please provide an addendum with the necessary information when submitting the enrollment form.

6. **Refinancing of Existing Capital Access Loans ONLY**

a. 1. Loan Number: # _____

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 and the New Guaranty Amount.

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

Authorized Signature: _____ Date: _____

Print Name and Title: _____

FOR ADFA USE ONLY

Borrower/Lender Contribution: \$ _____ Percent: _____ %

SSBCI Matching Contribution: \$ _____ Percent: _____ %

ADFA Matching Contribution: \$ _____ Percent: _____ %

Total ADFA Transfer Amount: \$ _____

Check/ACH #: _____ Date: _____ Verified: _____

Signed: _____ Date: _____

Previous CAP Enrolled Loan Verification:

1. \$ _____ #: _____

2. \$ _____ #: _____

3. \$ _____ #: _____

4. \$ _____ #: _____

Forward completed form and documentation to: Kimmy Helble, CAP Administrator, ADFA, P.O. Box 8023, Little Rock, AR 72203-8023

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