

CalCAP Use Only	CalCAP Loan #
	Date Received

CalCAP AIR RESOURCES BOARD (ARB) PROGRAMS LOAN ENROLLMENT APPLICATION

Lender Information

Participating Lender _____ Lender ID# _____
Loan Officer Name _____ Phone _____
Loan Officer Email _____

Borrower Information

Name _____ DBA _____
Address _____ City _____ County _____ Zip _____

Type of Business/Activities _____

Average Annual Revenue Last 3 Years \$ _____

Number of Employees _____ Jobs created _____ Jobs retained _____

Will loan monies be used at above address? Yes No If *no*, location where loan will be used:

Address _____ City _____ County _____ Zip _____

NAICS Code _____ Census Tract # _____
<http://www.census.gov/eos/www/naics/> <http://www.ffiec.gov/Geocode/default.aspx>

Purpose of Loan _____

Is business minority owned? Yes No Decline to Answer

Is business woman owned? Yes No Decline to Answer

Is business veteran owned? Yes No Decline to Answer

Loan Information

Lender Loan Number _____ Type of Loan: Line of Credit Term Loan TRAC Lease

Total Loan Amount \$ _____ Loan Amount Enrolled in CalCAP \$ _____

Date of First Disbursement (Date of Loan) _____ Maturity Date _____

Interest Rate _____ % APR Fixed Variable Is the loan secured? Yes No