

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 _____ <http://www.census.gov/eos/www/naics/> Census Tract # _____ <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