

CalCAP for Small Business Program

Loan Enrollment Application

CALIFORNIA CAPITAL ACCESS PROGRAMS (CalCAP)

California Pollution Control Financing Authority

CalCAP@treasurer.ca.gov

(916) 654-6510

Mailing Address: P.O. Box 942809

Sacramento, CA 94209-0001

Fax (916) 589-2805

CalCAP Use Only	CalCAP Loan #
	Date Received

Lender Information

Participating Lender:

Lender CalCAP ID#:

Lender Contact Name:

Lender Contact Phone Number:

Lender Contact Email:

Borrower Information

Borrower Name:

Borrower's Business Name:

Business EIN/Tax ID (Do not include Social Security Number):

CalCAP for Small Business Program Loan Enrollment Application

Form of Business Organization (Corporation, Sole-Proprietorship, Limited Liability Company etc.):

Address:

City:

County:

Zip:

Type of Business/Activities:

Year the businesses was incorporated or opened:

Annual Revenues Last Fiscal Year (\$):

Average Annual Revenue Last 3 Years (\$):

Number of Employees:

Number of Full Time Equivalents:

Number of Jobs Created:

Number of Jobs Retained:

Is the business located in a Severely Affected Community (SAC)? (Yes or No):

If yes, provide the reason (City, Unincorporated, County if City not listed, or Other):

CalCAP for Small Business Program Loan Enrollment Application

Will loan monies be used at the above address? (Yes or No):

If no, provide the address where loan monies will be used

Address:

City:

County:

Zip:

6-Digit NAICS Code (<https://www.census.gov/naics/>):

11-Digit Census Tract # (<https://geomap.ffiec.gov/ffiecgeomap/>):

Purpose of Loan:

Is business minority owned? (Yes, No, or Decline to Answer):

Is business woman owned? (Yes, No, or Decline to Answer):

Is business veteran owned? (Yes, No, or Decline to Answer):

Loan Information

Is this loan enrolled in any other government guarantee program? (Yes or No):

If yes, name the program:

CalCAP for Small Business Program Loan Enrollment Application

What percent of loan is enrolled in another program? (%):

What percentage of loan is being enrolled in CalCAP? (%):

Lender Loan Number:

Type of Loan (Line of Credit or Term Loan):

Total Loan Amount:

Loan Amount Enrolled in CalCAP:

Date of First Disbursement (Date of Loan):

Maturity Date:

Interest Rate (%):

Is Interest Rate Fixed or Variable?:

Loan APR (%):

Is the loan secured? (Yes or No):

Is this loan a restructure of a prior CalCAP loan? (Yes or No):

If yes, provide the CalCAP Loan #:

Remaining balance on loan being restructured (\$):

CalCAP for Small Business Program Loan Enrollment Application

Amount of increase requested (\$):

Borrower Fee (\$):

Borrower Percentage (%):

Lender Fee (\$):

Lender Percentage (%):

Total Loan Origination Charges (\$) *This does not include Program Fees:

When complete, please send to: CalCAP@treasurer.ca.gov