

GOGREEN HOME ENERGY FINANCING PROGRAM

California Alternative Energy and Advanced Transportation Financing Authority

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LOSS RESERVE CLAIM APPLICATION

Section 1: Participating Financial Institution / Participating Finance Lender / Successor Servicer Information

(a) PFI/ PFL/Successor Servicer name:
(b) PFI/PFL/Successor Servicer internal loan ID#:
(c) CHEEF Loan ID#:
(d) PFI/ PFL/Successor Servicer contact name:

Section 2: Loan Information (Please attach loan history report)

(e) Original Total Loan Principal Amount: \$
(f) Original Claim-Eligible Principal Amount: \$
(g) Outstanding Total Principal Amount at time of charge-off: \$
(h) Outstanding Claim-Eligible Principal Amount at time of charge-off: \$
(i) Charge-off amount: \$
(j) Charge-off date: \$
(k) Inchoate losses (if applicable): \$
(l) Amount recovered (if applicable): \$
(m) Is this loan secured?
(n) If "Yes" to (m), have enforcement proceedings begun?
(o) Have acceleration notices been sent?

Section 3: Claim Information

(p) Claim amount: \$
(q) PFI/ PFL/Successor Servicer priority of claim:
(If two or more claims are currently filed for this PFI, PFL or Successor Servicer)

Section 4: Certifications of the Participating Financial Institution or Participating Finance Lender

Pursuant to Section 10091.9 of the Program regulations, by submitting this Loss Reserve Claim Application, the PFI, PFL, or Successor Servicer certifies that:

- 1. Notice of charge-off of this Enrolled Loan was filed with CAEATFA within 60 calendar days of the date the PFI, PFL, or Successor Servicer charged-off the loan.
2. The charge-off was made in a manner consistent with the PFI's, PFL's, or Successor Servicer's usual methods for taking action on loans which are not enrolled as Eligible Loans under the Program.
3. The PFI, PFL, or Successor Servicer will comply with reporting requirements on recoveries.

I, the undersigned, am authorized to legally bind the PFI, PFL or Successor Servicer and hereby certify all of the information and certifications provided in this application.

(r) Authorized Representative Signature:
(s) Date:
(t) Printed Name:
(u) Title: