

CALIFORNIA CAPITAL ACCESS PROGRAM
California Pollution Control Financing Authority
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CalCAP Use Only	CalCAP Loan #
	Date Received

CALCAP AMERICANS WITH DISABILITIES ACT (ADA) FINANCING PROGRAM LOAN ENROLLMENT APPLICATION

Lender Information

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

Borrower Information

Name _____ DBA _____
Name of Responsible Person _____ Title _____
Address _____ City _____ County _____ Zip _____
Type of Business/Activities _____ What year was the business incorporated or opened? _____
Annual Revenues Last Fiscal Year \$ _____ Average Annual Revenue Last 3 Fiscal Years \$ _____
Number of Full Time Equivalents _____
Is business located in a Severely Affected Community? No Yes
If Yes, select reason: City Unincorporated County if City Not Listed Other: _____
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>
Area of Property (sq. feet): _____
Description of Eligible Costs (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

Is this loan enrolled in any other government guarantee program? Yes No If Yes, name the program: _____
Lender Loan Number _____ Type of Loan: Line of Credit Term Loan
Total Loan Amount \$ _____ Loan Amount Enrolled in CalCAP/ ADA \$ _____
Loan Amount Enrolled in CalCAP for Small Business/ state fund (if any) \$ _____
Date of First Disbursement (Date of Loan) _____ Maturity Date _____
Interest Rate _____% Fixed Variable Is the loan secured? Yes No
Borrower Premium \$ _____ % Lender Premium \$ _____ %