

COLLATERAL SUPPORT CLAIM APPLICATION

California Pollution Control Financing Authority • Mailing Address: P.O. Box 942809 • Sacramento, CA 94209-0001 • CalCAP@treasurer.ca.gov • 916.654.5610

CPCFA USE ONLY

Date Received: _____

LENDER INFORMATION

Participating Lender:	Lender ID#:
Contact Name:	Phone Number:
Contact Email:	

BORROWER INFORMATION

Name:
DBA:
CSP #:

LOAN INFORMATION

Lender Loan #:	Date of Loan:
Original Principal/Loan Amount:	Original Collateral Support Amount:
Charge-Off Amount:	Date of Charge-Off:

CLAIM INFORMATION

Amount Recovered From Liquidation:	Date of Final Collateral Liquidation:
Outstanding Principal: \$ _____	

The lender certifies that the given information is true and correct.

Authorized Lender

Signature _____ Date _____

CPCFA USE ONLY

* If the loan has yet to experience an Annual Review since the submission of the default notification, all information shall be based on the date of default.

Total Amount of Claim : \$ _____

Total Collateral Support Available: \$ _____

Interest Earned Since Last Review in CS Loan Loss Reserve Account to be returned to CPCFA: \$ _____

Total amount to be paid on Claim from CS Loan Loss Reserve Account: \$ _____

Total Unused Support to be Returned to CPCFA: _____

First Review	Date	Second Review	Date
Executive Director's Approval			Date