



HI-CAP Collateral Support Program Loan Enrollment Form

Lender Information

Name of Financial Institution: _____

Branch Name (if applicable): _____

Branch Address: _____

Contact Person: _____ Telephone: _____

Email: _____ Cell Phone: _____

Application Checklist Please submit the following documents with this Loan Enrollment Form. Subject loan must not close or fund prior to execution of the Cash Collateral Deposit Agreement.

<input type="checkbox"/> Lender Credit Request & Analysis	<input type="checkbox"/> Signed and completed HI-CAP Collateral Borrower Application & Certification form
<input type="checkbox"/> Most recent three years' historical financial statements or tax returns (if a spread and analysis of said statements are not included in the Credit Analysis)	<input type="checkbox"/> Lender's signed and completed Borrower's Application (if available) <input type="checkbox"/> Appraisal or other valuation (as applicable)
<input type="checkbox"/> Most recent two years tax returns from all individuals with 20% or more ownership interest (if a spread and analysis of said tax returns are not included in the Credit Analysis)	<input type="checkbox"/> Interim financial statement no more than 90 days old, if available
<input type="checkbox"/> Current personal financial statement from all individuals with 20% or more ownership interest (if a spread and analysis of said tax returns are not included in the Credit Analysis)	<input type="checkbox"/> Business Plan and/or Projections (if required by Lender)

Borrower Information

Legal Name of Borrower: _____

Trade/DBA Name of Borrower: _____

Operating Entity (if different from Borrower): _____

Physical Address of Business where money will be used (Street Address, City, State, Zip Code):

Primary Business Activity: _____

Loan Number	Type of Facility (Loan, Line, Construction Loan)	Loan/Line Amount	Initial Interest Rate	Term (Year(s))	Lien Position
		\$	%		

Cash Collateral Requested: \$ _____ Collateral Support Percentage: _____%

Description of collateral supporting credit (if not identified in the Lender's Request & Analysis): _____



Is this loan enrolled in any other government programs or using government funds? No
 Yes If Yes, what program/entity are you receiving funding from? _____

Refinancing Existing Debt (Complete only if refinancing existing debt)

Existing Debt from Lender: <input type="checkbox"/> Yes <input type="checkbox"/> No	If another Financial Institution Debt, name of Financial Institution:
Type of Existing Debt:	Existing Loan Number:
Balance on Existing Loan: \$	Amount of New Loan Funds: \$
Interest Rate on Existing Loan: %	Total New Loan Amount: \$
Interest Rate on New Loan: %	

Other Credit As applicable, amount of other credit facilities being provided in combination with the proposed HI-CAP Collateral supported Loan: \$

Loan Type: Line of Credit Term Loan Other

Authorization

The following signature serves as initial representation that this loan meets all requirements as set forth in the Participating Lender's Agreement, the Participating Lender's Guide and the Collateral Deposit Agreement.

Additional Comments:

Lender Signature: _____

Name: _____

Its: _____

Date: _____

Submit completed Loan Enrollment Form and additional information required in the Application Checklist to dbedt.hicap-loans@hawaii.gov

For HI-CAP Collateral Team Use ONLY

CSP #	
Application #	
Date Received	