



## Washington State Linked Deposit Program Loan Enrollment Form

### Instructions

This form must be completed in order to enroll a loan in the Linked Deposit Program:

**For the Applicant:** Visit your participating lender to complete this form with your loan officer.

**For the Lender:** The lender must complete the “Lender Information” and “Loan Information” sections at the time the loan application process is completed and the lender has made a final determination on the loan request.

<p><b><u>Firms certified by OMWBE:</u></b> Lenders should email completed form to: <a href="mailto:LDLP@omwbe.wa.gov">LDLP@omwbe.wa.gov</a></p> <p><b>For OMWBE program information, contact:</b> OMWBE PO Box 41160 Olympia, WA 98504-1160 (360) 664-9750 or (866) 208-1064 <a href="mailto:LDLP@omwbe.wa.gov">LDLP@omwbe.wa.gov</a></p> <p>We are committed to providing equal access to our services. If you need accommodation, please call (866) 208-1064 or WA Relay 711.</p>	<p><b><u>Firms certified by WDVA:</u></b> Lenders should email completed form to: <a href="mailto:vob@dva.wa.gov">vob@dva.wa.gov</a> or fax to: (360) 725-2197</p> <p><b>For WDVA program information, contact:</b> WDVA - Veteran Owned Business Certification PO Box 41150 Olympia, WA 98504-1160 (360) 725-2154 <a href="mailto:vob@dva.wa.gov">vob@dva.wa.gov</a></p>
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**Lenders:** For information on bank participation in the Linked Deposit Program or certificate of deposit information, contact:

Staci Ashe  
Linked Deposit Administrator  
Office of State Treasurer  
(360) 902-9017  
Fax: (360) 704-5118  
[Staci.Ashe@tre.wa.gov](mailto:Staci.Ashe@tre.wa.gov)

**Washington State Linked Deposit Program  
Loan Enrollment Form**

**A.) Applicant Information** (to be completed by certified firm)

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name of Applicant (please print) \_\_\_\_\_

OR

OMWBE Certification Number \_\_\_\_\_

WDVA Certification Number \_\_\_\_\_

(To be completed by WDVA)

**B.) Lender Information** (to be completed by bank representative)

Bank \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_

Bank Representative (please print) \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**C.) Loan Information**

1.) Amount of Loan Request: \_\_\_\_\_

2.) Loan Approval Date: \_\_\_\_\_

3.) Loan Term: \_\_\_\_\_

4a.) Interest Rate: \_\_\_\_\_

Rate before interest rate reduction

4b.) LDP Interest Rate: \_\_\_\_\_

Effective rate after LDP

5.) Type of Loan

Line of Credit

Term Loan

Real Estate Loan

6.) Describe what the loan funds will be used for:

**Washington State Linked Deposit Program  
Loan Enrollment Form (cont.)**

**D.) Applicant Profile**

- 1.) How many employees does the firm employ? \_\_\_\_\_
- 2.) How many jobs will be affected by participation in the Linked Deposit Program in the next two years?  
Full time jobs saved: \_\_\_\_\_ Full time jobs created: \_\_\_\_\_  
Part time jobs saved: \_\_\_\_\_ Part time jobs created: \_\_\_\_\_
- 3.) Will the benefits of the Linked Deposit Program materially contribute to the firm's ability to create or save jobs?  Yes  No If yes, please explain:
- 4.) Have you ever had any other Linked Deposit loans?  Yes  No If yes, please provide loan amounts:

**E.) Signatures**

The undersigned hereby certifies that all information contained herein is true, correct, and complete to the best of their information and belief.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bank Representative Signature

\_\_\_\_\_  
Date