



Washington State Linked Deposit Program Loan Enrollment Form

Background

The Washington State Office of the State Treasurer (OST), Office of Minority & Women's Business Enterprises (OMWBE), Department of Community, Trade, and Department of Commerce, and the Washington State Department of Veterans Affairs (WDVA) are responsible for administering the Linked Deposit Program. Both the lender and applicant are required to complete this form for each loan. OMWBE is required to compile information on OMWBE certified firms receiving services through the Linked Deposit Program for program oversight and evaluation purposes (RCW 39.19.240). Information collected via this form is subject to public disclosure (RCW 42.17.260).

Instructions

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

1. Office of Minority & Women's Business Enterprises (OMWBE) - \$175 million program limit
2. Washington State Department of Veterans Affairs (WDVA) - \$15 million program limit

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><u>Firms certified by OMWBE:</u> Lenders should email completed form to: receptionist@omwbe.wa.gov Or fax to: (360) 586-7079</p> <p>For OMWBE program information, contact: OMWBE PO Box 41160 Olympia, WA 98504-1160 (360) 664-9750 or (866) 208-1064 receptionist@omwbe.wa.gov</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><u>Firms certified by WDVA:</u> Fax completed form to: Heidi Audette, (360) 725-2197</p> <p>For WDVA program information, contact: Heidi Audette, WDVA PO Box 41150 Olympia, WA 98504 (360) 725-2154 heidia@dva.wa.gov</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For bank enrollment & CD information, contact:

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

This form may be reproduced as needed.

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 save: _____ Full time jobs created: _____
Part time jobs save: _____ Part time jobs created: _____
- 3.) Will the benefits of the Linked Deposit Program materially contributed 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 his/her information and belief.

Applicant Signature

Date

Bank Representative Signature

Date