



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 Economic Development (CTED), 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.

Firms certified by OMWBE:

**Lenders should email
completed form to:**

receptionist@omwbe.wa.gov

Or fax to: (360) 586-7079

For OMWBE program information, contact:

OMWBE
PO Box 41160
Olympia, WA 98504-1160
(360) 664-9750
receptionist@omwbe.wa.gov

Firms certified by WDVA:

Fax completed form to:

Heidi Audette, (360) 725-2197

For WDVA program information, contact:

Heidi Audette, WDVA
PO Box 41150
Olympia, WA 98504
(360) 725-2154
heidia@dva.wa.gov

For bank enrollment & CD information, contact:

Kari Sample, OST PO Box 40200
Olympia, WA 98504-0200
(360) 902-9015
Fax: (360) 704-5137
Kari.Sample@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:

7.) Would this loan have been approved in the absence of the Linked Deposit Program?

If the lender is unable to provide the requested information, check "PROPRIETARY".

Yes

No

Proprietary

**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.) Will participation in the Linked Deposit Program materially contribute to the company's ability to obtain financing? Yes No If yes, please explain:

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