

Karima M. Woods, Commissioner

DISTRICT OF COLUMBIA LOAN PARTICIPATION PROGRAM
 Claim Form

Lender

Lender/ Name:		Lender ID#:	
Contact Name:		Contact Title:	
Phone #:		Email Address:	
Address:		Fax #:	
City:	State:	Zip:	Ward:
Employer Identification # (EIN):			

Loan Information

Borrower Name:		CEO/Owner Name:	
Contact Name:		Contact Title:	
Email Address:		Fax:	
Address:		Phone:	
City:	State:	Zip:	Ward:
Original Loan Amount: \$		Outstanding Principal Amount prior to charge-off: \$	
Accrued Interest: \$			
Loan Type: <input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan <input type="checkbox"/> Other			
Date determined delinquent and uncollectible, must be within 120 days of the claim			
Balance in Cash Collateral Account (if applicable):			
Amount of Claim (must not exceed original loan amount enrolled):			
a) Principal: \$			
b) Accrued Interest (up to 90 days): \$			
Total Claim Amount (a+b): \$			
DISB USE ONLY			
DISB Charge Off: \$		Signature:	Date: ____/____/____

Attachments: The Lender must attach the following:

1. Event log detailing collection efforts
2. Evidence of final judgment entry
3. Participating Loan transaction history
4. Evidence of enforcement of personal and/or corporate guarantee
5. Bankruptcy discharge (if applicable)
6. Settlement statement for sale of business or collateral
7. Evidence of the disposition of collateral
8. Signed cover letter stating that all legal remedies have been pursued and no other collection efforts are taking place.

Certification

Lender Certifies and Acknowledges that to the best of his/her knowledge, all information provided on and with this form is true and correct.

Authorized Signature _____ Date _____

Printed Name and Title _____

Attention Lenders

Submit form to ATTN: ssbci.disb@dc.gov
 Mail form to: ATTN: SSBCE: Department of Insurance, Securities and Banking
 1050 First Street, NE, #801, Washington DC 20002