

**Existing CAP Loan: Refinance, Re-advance, or Line of Credit Increase**

**Lender Information:**

Lender Institution: \_\_\_\_\_  
 Loan #: \_\_\_\_\_

**CAP Program Information:**

1. Loan Type:     *Line of Credit* -                       *Term Loan* -
  
2. Loan Term:     *Years* - \_\_\_\_\_                      *Execution Date* - \_\_\_\_\_
  
3. Business/Borrower Information:
  - a. Borrower Legal Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - c. Country: \_\_\_\_\_
  - d. NAICS Code/Industry: \_\_\_\_\_
  - e. Year Business Started: \_\_\_\_\_
  - f. Gross Revenues (last fiscal year): \_\_\_\_\_
  
4. New Loan Information:
  - a. Total Gross Principal Amount: \_\_\_\_\_
  - b. Amount Eligible for Coverage: \_\_\_\_\_
  - c. Amount to be Covered: \_\_\_\_\_
  
5. Existing CAP Loan Information:
  - a. If a Term Loan, Covered Loan Amount at the Time of Original Enrollment: \_\_\_\_\_
  - b. If a Term Loan, Balance Immediately Prior to Proposed Refinancing: \_\_\_\_\_
  - c. If a Line of Credit, Original Amount Covered: \_\_\_\_\_
  
6. Total Coverage Increase: \_\_\_\_\_  
 (*If the loan type is term loan, 4c-5b. If the loan type is a line of credit, 4c-5c.*)
  
7. Computation of Fees:
  - a. Total Lender/Borrower Percentage (*between 3% or 4%*): \_\_\_\_\_
  - b. Amount of NEW Loan Proceeds to be Covered (*equal to 6*): \_\_\_\_\_
  - c. Total Reserve Fund Payment (*7a\*7b*): \_\_\_\_\_
  - d. Lender Portion (*25% of 7c, can be charged to borrower*): \_\_\_\_\_
  - e. Borrower Portion (*7c-7d*): \_\_\_\_\_
  - f. BFA Matching Deposit (*7c\*2.5*): \_\_\_\_\_

Additional Amount (if any) Contemporaneously Loaned to Borrower: \_\_\_\_\_

8. Employment Information:

- a. Current Number of NH Employees: *Full Time* - \_\_\_\_\_ *Part Time* - \_\_\_\_\_  
 b. Estimate of Jobs Created: *Full Time* - \_\_\_\_\_ *Part Time* - \_\_\_\_\_

By executing this Loan Filing Form and submitting this Loan for enrollment, the Lender hereby makes the representations and warranties required to be made under Paragraph 4 of the Lender Participation Agreement, including, and not limited to the following:

- (i) The Lender has not made the Eligible Loan in order to place, under the protection provided by the Program, prior debt that is not covered under the Program and that is or was owed by the borrower to the Lender or to an Affiliate of the Lender.
- (ii) The Lender has not made the Eligible Loan as a refinancing of a loan (other than an existing Enrolled Loan) previously made to the Borrower by the Lender or an Affiliate of the Lender.
- (iii) The Lender is not attempting to enroll the unguaranteed portions of SBA guaranteed loans.
- (iv) The Lender has disclosed to the Borrower information concerning the Program as set forth on the Notice to Borrower.
- (v) No Principal of the Lender has been convicted of a sex offense against a minor (as such terms are defined in section 111 of the Sex Offender Registration and Notification Act (42 U.S.C. § 16911)). For the purposes of this Certification, Principal means the following: if a sole proprietorship, the proprietor; if a partnership, each managing partner and each partner who is a natural person and holds 20% or more ownership in the partnership; and, if a corporation, limited liability company, association or development company, each director, each of the five most highly compensated executives or officers of the entity, and each natural person who is a direct or indirect holder of 20% or more of the ownership stock or stock equivalent of the entity.
- (vi) The Lender is in compliance with the requirements of 31 C.F.R. § 1020.220, customer identification requirements for banks.

Lender Institution: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**\*\*\* Business Finance Authority Use Only \*\*\***

CAP Loan Number: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
 Date received by BFA: \_\_\_\_\_ Deposit Evidence: Yes -  No -

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_