

1) Lender Information

Reserve Fund Account Number:			Name:
Contact Name:			Contact Title:
E-mail Address:			Fax:
Address:			Phone :
City:	State:	Zip:	County:

2) Loan Information

Loan Number:	Borrower's Name:
Date of Determination of Uncollectability (must be within 120 days of claim submission):	
Amount of Claim (must not exceed original loan amount enrolled):	
a) Principal: \$	
b) Accrued Interest: \$	
Total Claim Amount (a+b): \$	

3) Remedies

The Lender has pursued all remedies on this defaulted loan through legal proceedings, seizure, and liquidation of collateral, guarantee, and/or other methods.
(documentation supporting this affirmation is attached)

Note: If in the future Lender recovers any amount covered by this claim, the Lender must promptly deposit the amount back into the program reserve account, minus reasonable collection expenses.

4) Attachments

The Lender must attach the following:

1. event log detailing collection efforts
2. a copy of the note
3. security documents
4. bankruptcy discharge (if applicable)
5. evidence of final judgement entry
6. settlement statement for sale of business or collateral
7. loan transaction history
8. evidence of enforcement of personal and/or corporate guarantee
9. evidence of the disposition of collateral
10. signed cover letter stating that all legal remedies have been pursued and no other collection efforts are taking place

5) Certification

By signing below the authorized person acknowledges that, to the best of his/her knowledge, all information provided on and with this form is true.

Authorized Signature _____ Date _____

Printed Name and Title _____

Attention Lenders

Email form to: OCAP@development.ohio.gov

- or -

Mail form to: Manager, Office of Minority Financial Incentives,
Ohio Development Services Agency
77 S. High Street, 24th Floor, P.O. Box 1001, Columbus, Ohio 43216-1001
or fax form to: (614) 466-4172

For information, please call (800) 848-1300 ext. 65700