

# CAPITAL ACCESS PROGRAM

## EXHIBIT 3

### LOAN FILING FORM

(1) LENDER: \_\_\_\_\_ (1a) ADDRESS: \_\_\_\_\_

(1b) LENDER'S EMPLOYER ID #: \_\_\_\_\_

(2a) LOAN #: \_\_\_\_\_ (2b) LOAN AMOUNT: \_\_\_\_\_

(2c) LOAN AMOUNT TO BE GUARANTEED: \_\_\_\_\_

(3) BORROWER: \_\_\_\_\_

(4) ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

(5) DATE OF INC./ BUSINESS START: \_\_\_\_\_ (6) CENSUS TRACT: \_\_\_\_\_

(7) LOAN DATE: \_\_\_\_\_ (8) NAICS CODE: \_\_\_\_\_

(9) ANNUAL REVENUES (LAST FISCAL YEAR): \_\_\_\_\_

(10) LOAN DESCRIPTION (**PURPOSE, TERMS, MATURITY, RATE, COLLATERAL**)

(11) AMOUNT OF EXISTING LOANS TO BORROWER (LOAN # & AMOUNT) \_\_\_\_\_

(12) **FULL TIME EQUIVALENT JOBS**: # RETAINED because of loan \_\_\_\_\_ # CREATED because of loan \_\_\_\_\_

#FULLTIME EQUIVALENT EMPLOYEES at time of loan \_\_\_\_\_

(13) START-UP? YES \_\_\_\_\_ NO \_\_\_\_\_ MINORITY/FEMALE? YES \_\_\_\_\_ NO \_\_\_\_\_

(14) TOTAL PREMIUM PAID: BORROWER: \_\_\_\_\_ LENDER: \_\_\_\_\_

**FILL OUT ITEMS 16-18 ONLY IF REFINANCING A PROGRAM LOAN**

(15) PREVIOUSLY COVERED LOAN AMOUNT \_\_\_\_\_

(16) BALANCE PRIOR TO REFINANCING \_\_\_\_\_

(17) NEW TOTAL LOAN AMOUNT \_\_\_\_\_

*(NOTE: IF LINE 17 IS GREATER THAN LINE 15, ADDITIONAL RESERVE IS REQUIRED)*

IN FILING THIS LOAN FOR ENROLLMENT, THE LENDER MAKES THE REPRESENTATIONS AND WARRANTIES SPECIFIED IN SECTION 2.2 OF THE AGREEMENT.

AUTHORIZED SIGNATURE \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**ADFA USE ONLY**

% BORROWER / LENDER PAYMENT	_____
VERIFY PAYMENT RECEIVED	_____
PREVIOUS ENROLLED LOANS	_____
ADFA LOAN AMOUNT	_____
ADFA TRANSFER AMOUNT	_____
SIGNED	_____
DATED	_____

Forward this document upon completion to: Attention: Camilla Davis  
ADFA  
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