

CASH COLLATERAL PROGRAM

Claim Form

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1. **Name of Lender:** _____
 2. **Lender Loan # :** _____
 3. **Name of Borrower:** _____
 4. **Original Amount of Enrolled Loan:** _____
 5. **Outstanding Principal Balance of Enrolled Loan after application of proceeds from sale of collateral and other collection efforts (Deficiency Principal Balance):** _____
 6. **Claim Details:**
 - (a) Date of Enrolled Loan Charge-Off: _____
 - (b) Principal Balance of Enrolled Loan at time of Charge-Off: _____
 - (c) Principal Balance after application of proceeds from the sale of collateral and other collection efforts (Deficiency Principal Balance): _____
 - (d) Claim Amount Requested: _____

The Lender must submit the following:

- **A completed copy of this *Cash Collateral Program* Claim Form;**
- **Complete loan history (from origination date through claim date) showing all advances and payments/credits;**
- **Brief explanation of Lender's collections efforts;**
- **Evidence of the remaining deficiency principal balance;**
- **Other documentation, as requested by VSBFA.**

If Submitted by Email: VSBFA Loan Accounting – ATTN: Anna Mackley, Chief Credit Officer

Anna.mackley@sbsd.virginia.gov

If Submitted by Fax: VSBFA Loan Accounting – ATTN: Anna Mackley FAX: 804-225-3384

Authorized Signature of Lender: _____

Name and Title (Printed): _____

Email: _____

Phone: _____

Date: _____