



# cash collateral support application extend and/or modify a deposit agreement

Please submit completed Application & Annual Lender Sex Offender Certification form to the CHFA Community Development Division. Applications are reviewed within 3 days of receipt.

## lender information

|                                 |                           |
|---------------------------------|---------------------------|
| Lender/Bank Name                |                           |
| Contact Person                  |                           |
| Branch Location (address, city) |                           |
| Telephone Number                | Lender/Bank Tax ID Number |

## project information

|  |   |
|--|---|
| Borrower Name  |   |
| Borrower Contact Person  |   |
| Borrower Location (address, city)  |   |
| Lender Loan Number   | Loan Closing/Origination Date   |
| CHFA Deposit Agreement Effective Date  | Initial Term of Deposit Agreement<br><input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> Other: (explain): _____ |
| Loan Status<br><input type="checkbox"/> Performing <input type="checkbox"/> Default: (explain) _____ | Principal Balance (as of date of this form)<br>\$   |

## collateral information

| description of available collateral | estimated market value* | lender's ltv limit** | loan/credit limit |
|-------------------------------------|-------------------------|----------------------|-------------------|
|                                     | \$                      | %                    | \$                |
|                                     | \$                      | %                    | \$                |
|                                     | \$                      | %                    | \$                |
|                                     | \$                      | %                    | \$                |
| cash collateral support***          | \$                      | 100%                 | \$                |
| total collateral                    | \$                      |                      | \$                |

\*Estimated Market Value – Lender may follow its internal policies and guidelines to determine the estimated market value. In the section below, lender must explain its internal process for determining the value. Lender Narrative:

\*\*Lender's LTV Limit – This figure should match the lender's original CCS application.

\*\*\*Cash Collateral Support – This is the amount of CCS funds the lender is requesting to hold as collateral.

## lender narrative

Please explain the lender request to extend and/or modify the Deposit Agreement:

|  |
|--|
| Reason for Request   |
| Justification for Request, including when the lender reasonably expects CCS funds to be released to CHFA |
| Lender Recommendation  |

## lender signature

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

chfa information

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| initial when complete | date | description   |
|-----------------------|------|---|
|                       |      | Deposit Agreement has expired and the initial term, or extended term, has ended                             |
|                       |      | Deposit Agreement allows for an extension beyond the initial term   |
|                       |      | Received completed & signed (a) Application to Extend/Modify & (b) Annual Lender Sex Offender Certification |
|                       |      | Lender has demonstrated there is a collateral shortfall   |
|                       |      | Lender's approach to the "Estimated Market Value" is reasonable   |
|                       |      | Lender's Promissory Note term has not expired & does not expire during the proposed "Extension Period"      |

chfa review section

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| lender's principal balance | lender's ccs request | ccs/loan ratio |
|----------------------------|----------------------|----------------|
| \$                         | \$                   | %              |

|  | loan assistant                   | loan officer | director |
|--|----------------------------------|--------------|----------|
| Lender's CCS Request is less than or equal to \$50M & CCS/Loan Ratio is less than or equal to 15%  | Yes, or delegate to Loan Officer | No           | No       |
| Lender's CCS Request is Less than or equal to \$250M & CCS/Loan Ratio is less than or equal to 35% | Yes, or delegate to Loan Officer | Yes          | No       |
| Lender's CCS Request is greater than \$250M, or CCS/Loan Ratio is greater than 35%                 | Yes, or delegate to Loan Officer | Yes          | Yes      |

| initial when complete | date |                                   |
|-----------------------|------|-----------------------------------|
|                       |      | Loan Assistant Review             |
|                       |      | Loan Officer Review (if required) |
|                       |      | Director Review (if required)     |

|  |                     |
|--|---------------------|
|  | CHFA Recommendation |
|--|---------------------|

| initial when complete | date | description  |
|-----------------------|------|--|
|                       |      | Lender has paid the CCS Annual Fee in accordance with the Deposit Agreement & the CCS Annual Fee has been deposited in CHFA's master CCS account |
|                       |      | COMET has been updated with (a) the new Deposit Agreement expiration date & (b) updated lender contact information                               |
|                       |      | A Deposit Agreement amendment has been issued, and a fully executed copy has been collected and stored in the electronic file                    |
|                       |      | Lender has returned any "excess CCS funds" to CHFA & such funds have been deposited into CHFA's master CCS account                               |