

**COLLATERAL ENHANCEMENT PROGRAM (CEP)  
Claim Form**



**Development  
Services Agency**

**Bank/Credit Union/CDFI Information**

Lender/Credit Union/CDFI Name:			
Contact Name:		Contact Title:	
Email Address:		Fax:	
Address:		Phone :	
City:	State:	Zip:	County:
Employer Identification # (EIN):			

**Loan Information**

Borrower Name:		CEO/Owner Name:	
Contact Name:		Contact Title:	
Email Address:		Fax:	
Address:		Phone :	
City:	State:	Zip:	County:
Original Loan Amount: \$		Outstanding Principal Balance \$	
Principal Balance at Time of Default: \$			
Loan Type: <input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan <input type="checkbox"/> Other			
Date of Determination of Uncollectability (must be within 120 days of claim submission):			
Balance of the CEP Cash Collateral Deposit Account or Allocation: \$			

Amount of Claim (must not exceed balance of CEP Cash Collateral Deposit Account or Allocation): CEP % x principal at time of default: \$_____ (complete if CEP agreement is dated prior to 1/30/16) CEP% x outstanding principal balance: \$_____ (complete if CEP agreement is dated after 1/30/16)
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**Attachments**

The Bank/Credit Union/CDFI must attach the following:

1. Event log detailing collection efforts
2. Evidence of final judgment entry
3. Loan transaction history
4. Evidence of enforcement of personal and/or corporate guarantee
5. Bankruptcy discharge (if applicable)
6. Settlement statement for sale of business or collateral
7. Evidence of the disposition of collateral
8. Signed cover letter stating that all legal remedies have been pursued and no other collection efforts are taking place

**Certification**

Bank/Credit Union/CDFI Certifies and Acknowledges that to the best of his/her knowledge, all information provided on and with this form is true and correct.

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

Printed Name and Title \_\_\_\_\_

**Attention Banks/Credit Unions/CDFIs**

Email form and attachments to: [CEP@development.ohio.gov](mailto:CEP@development.ohio.gov)

- or -

Mail form to: Manager, Minority Business Development Division,  
Ohio Development Services Agency  
77 S. High Street, 28<sup>th</sup> 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

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