

**1) Lender Information**

Reserve Fund Account Number:			Name:
Contact Name:			Contact Title:
Email 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:	
a) Principal: \$	
b) Accrued Interest: \$	
c) Collection Expenses: \$	
Total Claim Amount (a+b+c) (must not exceed original loan amount enrolled): \$	

**3) Remedies**

The Lender has pursued all remedies on this defaulted loan through legal proceedings, seizure, 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 judgment 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. Collection expenses (Ohio Development Services Agency will evaluate collection expenses for eligibility)
11. 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](mailto:OCAP@development.ohio.gov)

- or -

Mail form to: Manager, Office of Minority Financial Incentives  
Ohio Development Services Agency  
77 S. High Street, 28<sup>th</sup> Floor, Columbus, Ohio 43215  
or fax form to: (614) 466-4172

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