ALP & CDC UNILATERAL ACTION NOTIFICATION

| CDC: | | |
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| CONTACT PERSON: | E-MAIL: | |
| ADDRESS: | | |
| PHONE NUMBER: | FAX NUMBER: | |
| DOCUMENT ATTACHED FOR SBA SIGNATURE: Y/N | IF YES: CDC TO INSTRUCT SBA HOW TO | |
| SBC NAME: | RETURN DOCUMENT. IF OVERNIGHT, | |
| SBA LOAN NUMBER: LOAN BALANCE: | PLEASE PROVIDE VENDOR AND ACCT. NO. | |
| | | |
| <u>Deferment</u> Will assist the borrower in solving a temporary cash | flow problem | |
| No greater than 6 months. Request including past deferments does not exceed 6 months. | | |
| | Borrower making a payment during deferment period is in excess of servicing fee. | |
| | Borrower will bring deferred amount current within 5 years after the deferment period. | |
| | der Catch-Up Plan not less than required amortization | |
| scheduled loan payment. | | |
| some dated found payments | | |
| No Cash Out Subordination | | |
| Project Collateral/Real property: | | |
| Secondary Collateral: | | |
| Existing 1 st lien holder balance: | | |
| Subordinated amount not to exceed: | | |
| Subordination Amount: | | |
| The refinance is on more favorable terms for the borrower. | | |
| | icing (e.g., there is no increase in the principal balance | |
| of the senior lien except for reasonable costs, excluding a prepayment penalty). | | |
| Action does not adversely affect the priority of the CDC/SBA lien. Loan has been paid as agreed for the | | |
| past 12 months. Account is satisfactory in all other aspects. Term of the new loan equals or exceeds the term of the original third party loan. New Senior loan not a federally funded program. | | |
| term of the original third party loan. New Senior loan | i not a federally funded program. | |
| I can Assumption. Change in Form of Organizati | 0.00 | |
| Loan Assumption: Change in Form of Organizati New NameNew TIN/EIN | <u>on</u> | |
| No release of existing collateral, original obligors(s) or guarantor(s). Loan has been paid as agreed for the | | |
| past 12 months. Account is satisfactory in all other aspects. Financial statements are favorable. | | |
| past 12 monator 12000 and 15 santon and 15 man of 15 man | | |
| Loan Assumption: Change in Ownership | | |
| | I/EIN; | |
| New guarantor(s) Name(s)/ss#(s) | | |
| This is an Eligible Borrower/Business | | |
| There will be No release of existing collateral or original obligors(s) or guarantor(s). | | |
| If applicable, Subordination amount limited to the TPL unpaid principal balance. | | |
| Loan has been paid as agreed for the past 12 months. Account is satisfactory in all other aspects. Financial | | |
| statements are favorable. Collateral is at or near approval level. | | |
| | | |
| Insurance Proceeds: Endorsement of Check or Re | | |
| Proceeds \$10,000 or less. Proceeds will be utilized to repair or replace SBA collateral or be applied to TPL | | |
| balance. Loan has been paid as agreed for the past 12 months. Financial statements are favorable. | | |
| Account is satisfactory in all other aspects. | | |
| | | |
| | The state of the s | |
| We certify that the above referenced action is being taken in c | | |
| CDC has documented their file accordingly to justify that their | | |
| reasonable and complied with all Loan Program Requirements (SOPs, Policy Notices and 504 Matrix). All obligors have consented to the action. | | |
| nave consented to the action. | | |
| | | |
| | | |
| Date: Name, 7 | Fitle | |