



Program Enrollment Form

I. Member Information:

1. Name of Institution: _____ FHFA ID #: _____

2. Asset Size: _____

3. Primary Contact

Name: _____ Title: _____

Address: _____

Telephone: _____

Email: _____

4. Repayment Contact (DDA authority required)

Name: _____ Title: _____

Address: _____

Telephone: _____

Email: _____

II. Signed Agreement

5. Small Business Boost Master Agreement Completed and Signed? Yes No

III. Underwriting Documentation:

6. Please provide a blank copy of your institution's credit write-up, an excerpt of loan policy which lists underwriting standards, including specific LTV, DCR and minimum equity requirements.

IV. Certifications and Stipulations:

I hereby certify to the best of my knowledge that the above information is true and correct. Signature of an officer authorized by your Board of Directors to execute this form:

Member: _____

Date: _____