



COUNTY OF SACRAMENTO COMMUNITY REINVESTMENT ACT PROGRAM

APPLICATION FOR DEPOSIT

Applicant Information

Name of Financial Institution: _____

Address: _____

CRA Coordinator's Name: _____

Phone: _____

I certify to the accuracy of the information provided below: _____ (Signature Required)

Performance Measurements

For Most Recent Calendar Year

Bank Short-term Credit Ratings (if applicable)

Loans in low- and moderate-income neighborhoods in Sacramento County only:

Fitch: _____

Mortgage Related Loans: \$ _____

Standard & Poor's: _____

Mortgage Related Loans: _____ (# of Loans)

Moody's: _____

Small Business Loans: \$ _____

CRA Rating: _____

Small Business Loans: _____ (# of Loans)

Annual Total Shareholders' Equity Position: \$ _____

Maximum Linked Deposit Desired: \$ _____

1-Year CD Rate as of April 1st: _____ %

Please provide the following:

- 1) Quarterly and Annual Financial Statements - and - 2) Home Mortgage Disclosure Act Report

Instructions

Complete the application and send it along with the requested documents to:

Ben Lamera, Director of Finance
County of Sacramento
700 H Street, Room 3650
Sacramento, CA 95814
Phone: (916) 874-7248
Fax: (916) 874-6454

For questions, please contact **Dave Matuskey, Investment Officer**, at (916) 874-4251 or via email at **matuskeyd@saccounty.net**.

(For Investment Division Use Only)

Recommended: _____ Date: _____

Recommended: _____ Date: _____

(For Department of Finance Use Only)

Approved: _____ Date: _____