

**VIRGINIA SMALL BUSINESS FINANCING AUTHORITY'S
VIRGINIA CAPITAL ACCESS PROGRAM**

Claim Form

1. **Name of Lender:** _____
2. **Lender Loan # :** _____
3. **Name of Borrower:** _____
4. **Original Amount of Enrolled Loan:** _____
5. **Outstanding Balance of Enrolled Loan (Immediately prior to charge-off):** _____
6. **Claim Details**
 - (a) **Date of Enrolled Loan Charge-Off:** _____
 - (b) **Principal:** _____
 - (c) **Accrued Interest (up to 90 days):** _____
 - (d) **Out-of-pocket Expenses (Please provide documentation):** _____
 - (e) **Total Amount of Claim (NOT TO EXCEED ORIGINAL AMOUNT ENROLLED):** _____

The completed Claim Form, along with proof that the above Enrolled Loan has been charged off, should be submitted to:

VSBFA Loan Accounting – ATTN: Patricia Musial

patricia.musial@vdba.virginia.gov

If Submitted by Fax: VSBFA Loan Accounting – ATTN: Patricia Musial FAX: 804-225-3384

Authorized Signature of Lender: _____

Name and Title (Printed): _____

Email: _____

Phone: _____

Date: _____