

PLP/SBAEXPRESS/Low Doc POST-LOAN APPROVAL ACTION CHECKLIST
(This form to be used only for those actions identified below)

TO: __ Fresno Commercial Loan Service Center FAX: 559.487.5803 E-mail: fsc.servicing@sba.gov
 __ Little Rock Commercial Loan Service Center FAX : 501.324.6072 E-mail: lrcs.servicing@sba.gov

RE: SBA Loan Name: _____ SBA Loan No. _____

FROM: Lender Name: _____
 Address: _____
 Loan Officer's Name: _____
 Phone: _____ E-mail: _____ Fax: _____

For SBA loans that have not been closed or initially disbursed. The Lender certifies that this request complies with SOP 50 10(4) and/or any applicable program guide:

- Request that SBA approve an increase in the loan amount from \$_____ to \$_____. (Additional guaranty fee in the amount of \$_____ is attached/has been forwarded to Denver.)
- Request that SBA approve an increase in guaranty percentage from ____% to ____%. (Additional guaranty fee in the amount of \$_____ is attached/has been forwarded to Denver.)
- Request that SBA approve a decrease in the loan amount from \$_____ to \$_____. (For loans with a maturity greater than 12 months, SBA must approve the decrease prior to the lender closing and initially disbursing the loan in order for the guaranty fee owed to be decreased. For loans with a maturity of 12 months or less, there is no adjustment due to any decrease or cancellation.)
- Request that SBA approve a decrease in the guaranty percentage from ____% to ____%. (For loans with a maturity greater than 12 months, SBA must approve the decrease prior to the lender closing and initially disbursing the loan in order for the guaranty fee owed to be decreased. For loans with a maturity of 12 months or less, there is no adjustment due to any decrease or cancellation.)
- Inform SBA that the entire loan has been cancelled.
- Inform SBA that the loan maturity has been changed from ____months to ____months. New maturity is __/__/__. If the extension goes from a 12 month maturity to a maturity longer than 12 months, the additional guaranty fee of \$_____ is attached/has been forwarded to Denver.

For SBA loans that have been closed and initially disbursed. The Lender certifies that this request complies with SOP 50 10(4), SOP 50 50 4 and/or any applicable program guide:

- Request that SBA approve an increase in the loan amount from \$_____ to \$_____ (Additional guaranty fee in the amount of \$_____ is attached/has been forwarded to Denver.) For SBAExpress, Community Express and Patriot Express, **for any increase more than 33 percent, the lender certifies that the request is for the original purpose of the loan, the lender has analyzed the repayment ability of the borrower using current financial information and repayment ability exists.** _____ (initials)
- Inform SBA that \$_____ of the approved loan has been cancelled. (No adjustment in guaranty fee permitted.)
- Inform SBA that the loan maturity has been changed from ____months to ____months. New maturity is __/__/__. If the extension goes from a 12 month maturity to a maturity longer than 12 months, the additional guaranty fee of \$_____ is attached.
- Extend final disbursement date to __/ __/ __.

Other Information needed by SBA to update its records:

- The legal name of the business has been changed to: _____
- The trade name of the business has been changed to: _____
- The borrower's business address has been changed from _____
to _____.

For any change in loan amount or guaranty percentage, attach a memo or e-mail message that explains the reason for the change. For any actions other than those listed above that require SBA consent, do not use this checklist. Send a written request in a faxed memo or e-mail message conforming to the guidelines set forth in the Loan Servicing Request Guidelines from the Commercial Loan Servicing Centers. For all other servicing actions permitted by SBA to be taken by a lender under any delegated authority, no notice is required to be given to the SBA. A list of these servicing actions is found in SOP 50 50 4B, Chapter 4.

(Notices, SOPs, and regulations are located at www.sba.gov/aboutsba/sbaprograms/elending.)

By: (Name, Title) _____

_____ Date

The estimated burden for completing this form is 5 minutes. You will not be required to respond to any collection of information unless it displays a currently valid OMB Control Number. Comments on the burden should be sent to U. S. Small Business Administration (SBA), Chief, AIB, 409 3rd Street, SW, Washington, DC 20416 and Desk Officer for SBA, Office of Management and Budget, New Executive Office Building, Rom 10202, Washington, DC 20503. OMB Control Number 3245-0348. PLEASE DO NOT SEND FORMS TO OMB.

SBA Form 2237 (Ver. 6/01/07)