OMB Approval No.: 3245-0355 Expiration Date:

**GULF OPPORTUNITY PILOT LOAN PROGRAM SERVICING CHECKLIST**

**(This form to be used only for those actions identified below)**

**TO: \_\_** Fresno Commercial Loan Service Center…….FAX 559/487-5803, **fsc.servicing@sba.gov**

\_\_ Little Rock Commercial Loan Service Center, FAX 501/324-6072, **lrsc.servicing@sba.gov**

**RE:** Loan Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loan Number \_\_\_\_\_\_\_\_\_\_\_\_

**FROM:** Lender

 Contact

 Address

 Phone Fax

**To request SBA approval, complete the statement:**

 Approve an increase in the loan from $ to$ (not to exceed $150,000 limit of program).

 Loan guaranty percentage has been changed from %to %.

 Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To notify SBA of an action, check the appropriate box below and fill in any blanks.**

After loan approval and prior to first disbursement:

 Loan has been decreased from $ to$ . (SBA must approve prior to first disbursement in order for the SBA guaranty fee to be modified.)

 The loan has been cancelled.

At any time:

 Maturity has been changed from \_\_\_\_months to \_\_\_\_months. New maturity is \_\_/\_\_/\_\_.

After loan approval and prior to first disbursement, the lender may reduce the initial Note rate with the Borrower’s written agreement. The interest rate has been reduced from \_\_\_\_ to \_\_\_\_.

 Extend final disbursement date to \_\_/ \_\_ / \_\_.

 The trade name of the business (or, the name of the business entity) has been changed to:

 .

 The borrower’s address has been changed from to

 .

**For all other actions, refer to the** [**Servicing Matrix**](http://www.sba.gov/idc/groups/public/documents/sba_program_office/unilateral_action_matrix.pdf) **to identify whether SBA has to give its written consent or has to be notified.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Lender Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**

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 3245-0355. PLEASE DO NOT SEND FORMS TO OMB.

SBA Form 2282 (10-10)