

Date



7(A) LOAN POST APPROVAL ACTION CHECKLIST

TO:	For approved loans prior to final disbursement: Loan Processing Guaranty Center (LGPC)	FAX: 202.481.0861	E-mail: 7aloanmod@sba.gov
TO.	For Loans in Servicing & Liquidation (after fin		
TO:	Fresno Commercial Loan Service Center Little Rock Commercial Loan Service Center	FAX: 559.487.5803 FAX: 202.292.3878	E-mail: fsc.servicing@sba.gov E-mail: lrsc.servicing@sba.gov
RE: SBA Loan Name:		SBA Loan No	
FROM	1 : Lender Name:		
	A .d.d		
	Lender Contact Name: E-mail:		
	Phone: E-mail:		Fax:
For SI	 loan modifications requested, attach memo to an end. Provide full details of current loan terms; Provide specific details of what needs to be percentage, change in use of proceeds); and any to Denver). BA loans that have not been closed or initially disbert of the change of the change	be changed (e.g., increase of and supporting documentation	or decrease in loan amount or guaranty n (e.g., updated financial information, payments
in t Dei gua Pro Re gre gua	quest that SBA approve an increase in the loan amount the amount of \$	warded to Denver.) <i>Not ap</i> necrease in guaranty percent been forwarded to Denver) <i>nder's Delegated Authorit</i> at from \$ to prior to the lender closing urity of 12 months or less,	plicable to loans approved under a Lender's tage from% to%. (Additional a. Not applicable to Export Working Capital by. \$ (For loans with a maturity and initially disbursing the loan in order for the there is no adjustment to the guaranty fee due to
☐ Rec	any decrease or cancellation.) <i>Not applicable to loans approved under a Lender's Delegated Authority</i> . Request that SBA approve a decrease in the guaranty percentage from		
For SI SOP 5 Re an Info goe	BA loans that have been closed and initially disburged 10, SOP 50 50 and/or any applicable program guages that SBA approve an increase in the loan amount of \$ is attached/has been forworm SBA that the loan maturity has been changed from the strom a 12 month maturity to a maturity longer than the second 12 month maturity to a maturity longer than the second 12 month maturity to reflect any approved expressed and will not be refunded.) Only required for Loan Extend final disbursement date to/ / Not a	sed. The Lender certifies nide: nt from \$ to \$ arded to Denver mmonths tomonths to additional extension of maturity beyon ns in Liquidation.	(Additional guaranty fee in the (initials) nths. New maturity is/_/ If the extension guaranty fee of \$ is attached. nd 12 months, the additional guaranty fee is

The estimated burden for completing this form is 5 minutes. You are not required to respond to any collection of information unless it displays a currently valid OMB Control Number. The number for this collection is 3245-0348. Comments on the burden estimate should be sent to U. S. Small Business Administration, Director, Records Management Division, 409 3rd Street, SW, Washington, DC 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Rm. 10202, Washington DC 20503. **PLEASE DO NOT SEND FORMS TO THESE ADDRESSES.**

By: (Signature of Authorized Lender Official)