

Maryland Department of Commerce
Office of Finance Programs
401 E. Pratt Street 17th Floor Baltimore, MD 21202
MD CAP (Maryland Economic Development Article, § 5-1702)
FINANCIAL INSTITUTION APPLICATION

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email address _____

Type of Application: New Financial Institution Application Amended Financial Institution Application

Type of Financial Institution (select one)

- Credit Union, pursuant to Financial Institutions Article, § 1-101
- Financial Institution, pursuant to Financial Institutions Article, § 1-101
- Community Development Financial Institution, pursuant to 12 U.S.C. § 4702

Combined capital and surplus at most recent fiscal year end _____ Number of Maryland lending branches _____

Regulatory Agency _____ Insuring Agency _____

By enrolling as a MD CAP Financial Institution:

- The applicant certifies that the applicant Financial Institution is not subject to a cease and desist order or other regulatory sanction with the appropriate federal or state regulatory body, which would impair its ability to participate in the Program.
- The Financial Institution agrees to follow the Program's procedures as set forth in Economic Development Article, Section 5, Subtitle 17 and in the program description found on the Department's website.
- The Financial Institution agrees to permit an audit of any of its records relating to enrolled Qualified Loans, during normal business hours on its premises, by the Department or its agents, and to supply such other information concerning enrolled Qualified Loans as shall be requested by the Department.
- The Financial Institution acknowledges that the Department and the State will have no liability to the Participating Financial Institution under the Program except from funds deposited in the Loss Reserve Account for the Participating Financial Institution.
- The lender certifies that there have been no changes to the status of the financial institution since the original application that was submitted to MD CAP for approval, if this is an amended application, unless explained in a separate document on the Participating Financial Institution's letterhead.

Authorized Signature Printed Name Title Date

Email completed application to: fpaworkflowcoordinator.commerce@maryland.gov

For MDCAP use only:

MDCAP ID#	
Approval Signature	Enrollment Date: