



COUNTY OF SACRAMENTO COMMUNITY REINVESTMENT ACT PROGRAM

APPLICATION FOR DEPOSIT

Applicant Information

Name of Financial Institution: _____
 Address: _____
 CRA Coordinator's Name: _____
 Phone: _____

I certify to the accuracy of the information provided below: _____ (Signature Required)

Performance Measurements

Bank Short-term Credit Ratings (if applicable)

Fitch: _____
 Standard & Poor's: _____
 Moody's: _____
 CRA Rating: _____

For Most Recent Calendar Year

(Required Information for Deposits over \$250,000)

Mortgage Related Loans¹: \$ _____
 Mortgage Related Loans¹: _____ (# of Loans)
 Small Business Loans¹: \$ _____
 Small Business Loans¹: _____ (# of Loans)

Annual Total Shareholders' Equity Position: \$ _____

Maximum Linked Deposit Desired: \$ _____

Please provide the following:

1) Quarterly and Annual Financial Statements - and - 2) Home Mortgage Disclosure Act Report

Instructions

Complete the application and send it along with the requested documents to:

Ben Lamera, Director of Finance
County of Sacramento
700 H Street, Room 3650
Sacramento, CA 95814
Phone: (916) 874-7248
Fax: (916) 874-6454

For questions, please contact **Dave Matuskey, Investment Officer**, at (916) 874-4251 or via email at **matuskeyd@saccounty.net**.

(For Investment Division Use Only)

Recommended: _____ Date: _____
 Recommended: _____ Date: _____

(For Department of Finance Use Only)

Approved: _____ Date: _____

¹ In the low and moderate income neighborhoods within Sacramento County