

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 provi	ided below:			Signature Required)
Performance Measurements For Most Recent Ca			dar Year	
Bank Short-term Credit Ratings (if applicable)	Loans in low- and	moderate-income ne	eighborhoods in Sacr	ramento County only:
Fitch:	Mortgage Related Loans:		\$	
Standard & Poor's:	Mortgage Related Loans:			(# of Loans)
Moody's:	Small Business	s Loans:	\$	
CRA Rating:	Small Business	s Loans:		(# of Loans)
Annual Total Shareholders' Equity	Position:	\$		_
Maximum Linked Deposit Desired	:	\$		_
1-Year CD Rate as of April 1, 2024:			<u>%</u>	
Please provide the following: 1) Quarterly and Annual Financial Statement	s - and - 2) H	ome Mortgage Di	sclosure Act Repo	ort
Instructions				

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

Chad Rinde, 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.gov.

(For Investment Division Use Only)		(For Department of Finance Use Only)		
Recommended: Date:		Approved:	Date:	
Recommended:	Арріочей.		Date.	