



# 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

### For Most Recent Calendar Year

*Bank Short-term Credit Ratings (if applicable)*

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

Fitch: \_\_\_\_\_  
 Standard & Poor's: \_\_\_\_\_  
 Moody's: \_\_\_\_\_  
 CRA Rating: \_\_\_\_\_

Mortgage Related Loans<sup>1</sup>: \$ \_\_\_\_\_  
 Mortgage Related Loans<sup>1</sup>: \_\_\_\_\_ (# of Loans)  
 Small Business Loans<sup>1</sup>: \$ \_\_\_\_\_  
 Small Business Loans<sup>1</sup>: \_\_\_\_\_ (# of Loans)

**Annual Total Shareholders' Equity Position:** \$ \_\_\_\_\_

**Maximum Linked Deposit Desired:** \$ \_\_\_\_\_

**1-Year CD Rate as of March 31st:** \_\_\_\_\_ %

*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: _____

<sup>1</sup> In the low and moderate income neighborhoods within Sacramento County