

For the purposes of this form, Community Development Financial Institutions (CDFIs) refers to community development loan funds and venture capital funds that are certified by the Community Development Financial Institutions Fund of the U.S. Department of the Treasury (CDFI Fund).

## Institution Information

Organization Name (As it appears on your organization's articles of incorporation/organization or other similar document)

Website Address

Home Office Street Address

City

County

State

Zip

Zip Extension

Mailing Address (May be Corporate Office or Post Office Box)

City

State

Zip

Zip Extension

## Contact Information

Primary Contact

Title

Telephone Number

Fax Number

Email Address

Managing Officer (CEO)

Title

Telephone Number

Fax Number

Email Address

CFO

Title

Telephone Number

Fax Number

Email Address

## General Information

CDFI No.

Date of CDFI Certification

Taxpayer I.D.

State of Incorporation

Incorporation Date (mm/dd/yy)

Corporation Type

☐ For Profit

☐ Nonprofit

Organization Type

☐ Loan Fund ☐ Venture Capital Fund

Federal Reserve System Member?

☐ Yes ☐ No

Date Commenced Operations

Fiscal Year End

Holding Company Name (If Applicable)

Total Holding Co. Assets (\$ in 000's)

Holding Co. Assets As of Date

Last CARS or other Third Party Assessment Date (mm/dd/yy)

Member of Opportunity Finance Network or Other Trade Group?

☐ Yes ☐ No

Are there any creditors or other entities that possess a security interest or lien on assets of your organization that may be pledged to the Bank?  
(Please review relevant agreements before answering.) ☐ Yes ☐ No

If Yes, please describe the type of lien (blanket or specific), the assets encumbered, and the name of the creditor that was granted a security interest.

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Has your organization been a member of any FHLBank within the past five years? ☐ Yes ☐ No

If Yes, please indicate the FHLBank(s) and date(s) and reason for membership termination.

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Has your organization been involved in any merger transaction within the past six months? ☐ Yes ☐ No

If Yes, please describe the nature of the transaction, including the name of the institution(s) involved, the original state(s) of incorporation, and the date of the merger.

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Has your organization had any name change within the past six months? ☐ Yes ☐ No

If Yes, please identify the previous name(s), and the date of the name change(s).

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**Note to applicant:** Upon the Applicant's approval for membership, the Bank will file a UCC-1 Financing Statement that covers assets pledged to the Bank as collateral. Please note that before assigning borrowing capacity on collateral, the Bank requires a first priority lien position on pledged collateral.

**Net Asset Ratio and Unrestricted Net Asset Ratio: Most Recent 8 Quarters**

Quarter Ended	Net Asset Ratio	Unrestricted Net Asset Ratio
1.	%	%
2.	%	%
3.	%	%
4.	%	%
5.	%	%
6.	%	%
7.	%	%
8.	%	%

**Net Income: Most Recent 8 Quarters**

Quarter Ended	Net Income	Quarter Ended	Net Income
1.	\$	5.	\$
2.	\$	6.	\$
3.	\$	7.	\$
4.	\$	8.	\$

**Asset Quality: Classified Assets: Most recent 8 quarters (as applicable)**

Quarter Ended	Substandard	Doubtful	Loss	Total
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$

**Loan Loss Reserves: Loan loss reserves as a percentage of loans and leases 90 days or more past due**

Quarter Ended	Percentage
	%

**Operating Liquidity Ratio: Most Recent 8 Quarters**

Quarter Ended	Operating Liquidity Ratio	Quarter Ended	Operating Liquidity Ratio
1.	%	5.	%
2.	%	6.	%
3.	%	7.	%
4.	%	8.	%

Maximum term offered on home mortgage loans: \_\_\_\_\_ years amortized over \_\_\_\_\_ years.  
 (Home mortgage loans may include first lien residential mortgage loans, home equity loans, and mortgage-backed securities.)

**For FHLB Use Only**

Docket Number	Date of FHLBSF Approval	Relationship Manager
Credit Analyst		Collateral Asset Manager