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| **REGIONAL SUMMARY**  **Member Business Loan Waiver** |

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| **Charter Number** |  |
| **Credit Union Name** |  |
| **Supervisor Name** |  |
| **Examiner Name** |  |
| **CAMEL Rating / Effective Date** |  |
| **Financial Data Date** |  |
| **Total Assets** |  |
| **Net Worth Ratio** |  |

**FOM Description**

**Type of Waiver and Limit Requested**

**Reason for Request**

Include a discussion of the need to raise the limit.

**Assessment of Management**

Discuss whether the credit union included documentation supporting its ability to manage the activity.

**Financial condition, trends and projections**

**Analysis of credit union’s prior experience making member business loan, including (723.11):**

1. **History of loan losses and loan delinquency**
2. **Volume and cyclical or seasonal patterns**
3. **Diversification**
4. **Concentrations of credit to one borrower or group of associated borrowers in excess of 15% of net worth**
5. **Underwriting standards and practices**
6. **Types of loans grouped by purpose and collateral**
7. **Qualifications of personnel responsible for underwriting and administering member business loans**

**Other pertinent information**

The review should also include:

* + - * The ability to manage the business lending program including current performance
      * A review of the previous examination report to determine if weaknesses in the business lending exists
      * The ability to absorb the increased level of risk including proper diversification of risk, concentration risk, and impact on net worth

**SSA concurrence (if state-chartered):**

**EXAMINERS AND SUPERVISOR RECOMMENDATIONS AND COMMENTS:**

*Examiner’s Recommendation:*

*Supervisor Concurrence:*

**APPROVAL/DENIAL RECOMMENDATIONS**

**Analyst Comments:**

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| **APPROVE** |  | **DISAPPROVE** |  |

Supervision Analyst \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APPROVE** |  | **DISAPPROVE** |  |

Director of Supervision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APPROVE** |  | **DISAPPROVE** |  |

Associate Regional Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APPROVE** |  | **DISAPPROVE** |  |

Regional Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_