

## California Small Business Loan Guarantee Program (SBLGP) **State Small Business Credit Initiative (SSBCI)**

## **QUARTERLY DEFAULT RECOVERY REPORT**

#### **Borrower Business Name:**

This is a (check one): **Initial Report:** FDC IBank Loan #:

> Final Report: **Additional Report:**

	Borrower Business I	Information		
Business Owner(s) Name				
Business Phone #				
Is the business still in oper	ration?	Yes	No	
Is the FDC attempting restr	uctured payments?	Yes	No	
Is the FDC attempting to lic	quidate the business' assets?	Yes	No	
Date legal action commend	ed: By whon	n:		

#### **Lender Information**

**Lender Name** 

Lender Contact Name & Phone #

### **Default Payment to Lender Information**

**Principal Amount:** Interest Amount:

**Total Payout Amount:** Date Paid:

### Post Default Payment Recovery Information Only Applicable for Quarterly Report & Final Report!

Recovery Amount this Quarter: Cumulative Recovery Amount: Recovery Expenses this Quarter: Cumulative Recovery Expenses: Net Recovery Amount this Quarter: Cumulative Net Recovery Amount:

Collateral Information						
	Lender Estimated Liquidation Value	Type of Asset	Asset in Possession of	If Asset is in FDC's Possession		
Asset A			Borrower FDC	Liquidation Value: Asset Location: Itemized Description: Liquidation Effort:		
Asset B			Borrower FDC	Liquidation Value: Asset Location: Itemized Description: Liquidation Effort:		

This report must be submitted 1) with the Request for Payment on Defaulted Guarantee Form; 2) every quarter thereafter; and 3) upon termination of recovery efforts. Use additional forms as needed.

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Asset C				Borrower FDC	Liquidation Value: Asset Location: Itemized Description: Liquidation Effort:		
Asset D				Borrower FDC	Liquidation Value: Asset Location: Itemized Description: Liquidation Effort:		
Asset E				Borrower FDC	Liquidation Value: Asset Location: Itemized Description: Liquidation Effort:		
Addition Efforts	Additional Recovery Efforts						
		Exp	ected Problems with	Securing Reco	overy Only Applicable for In	itial Report!	
Descript Problem							
Bankrup	otcy?	If Bar	nkruptcy:				
Ye			Filing Date:				
No	)	Cnap	ter: Disposition:	no for Ending	R Dogovory Attompto		
					g Recovery Attempts r Final Report!		
Description of Reasons:							
Descript	tion of R	easons	S:				
-			of,	_			
-							
-	this	_ day (			Print Name & Title		
Signed to	this	_ day (	of,		Print Name & Title		
Signed to Authorize FOR IBA	this zed Sign	_ day of	of,			e:	
Authoriz FOR IBA Reviewe	this zed Sign ANK USE ed By: IE	atory  ONLY	of,	λ Title	Dat		
Authoriz FOR IBA Reviewe	this zed Sign ANK USE ed By: IE	atory  ONLY	of,	λ Title	Dat	e:	

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