



BORROWER CERTIFICATION FORM

Dear Borrower,

Please review and certify by signing below that you meet all the following requirements for receiving a Missouri FIRST Linked Deposit Program loan. You may access our ineligible borrowers list at this website: www.treasurer.mo.gov/IneligibleBorrowers.aspx. You must sign and return this form to our office in order for your application to be approved. If your signed form is not returned to our office, your application will not be approved. **Please note** – a separate, signed, Certification Form is required from each owner of a business, farm or entity that is applying for Missouri FIRST Linked Deposit Program benefits.

I, _____ (print name), certify that:

1. I am applying to receive a Missouri FIRST Linked Deposit loan;
2. I have not pleaded guilty to or been found guilty of or am not currently incarcerated, on probation or on parole for a felony conviction or a crime of moral turpitude;
3. I am not currently facing charges for a felony or a crime of moral turpitude and am not currently on probation for any crime;
4. I have read and verify that I am not in violation of the Treasurer’s Conflict of Interest Policy (www.treasurer.mo.gov/policiesandinformation.aspx); and
5. I understand that by participating in the Missouri FIRST Linked Deposit Program I am subject to all Revised Missouri Statutes related to receiving state monies, including chapter 610, the Missouri Sunshine Law. **I also acknowledge that information related to this linked deposit application (such as business name, loan amount, estimated savings, etc) may be released in the promotion of Missouri FIRST linked deposit within the constraints set forth in Chapter 610, RSMo. (Customer Initials) _____**
6. I certify that none of the use of proceeds **covered by the Linked Deposit** involve the refinance of funds or modification/restructuring of an existing loan agreement. (This includes periodic rate resets for existing loan agreements.) The refinance of funds is defined as “a payoff of a previous debt, whether from the originating financial institution or a different financial entity”. The use of proceeds must be for a new project. Per Missouri Revised Statutes, Chapter 30, Section 756.2: “Whoever knowingly makes a false statement concerning such application is guilty of a class A misdemeanor.” **(Customer Initials) _____**

Further, I agree that I will notify the Treasurer’s Office in writing if, at any point during the period of the Missouri Linked Deposit Program loan, there is a change in my status regarding any of the above certifications. I further agree that I will notify the Treasurer’s Office in writing if, at any point during the period of the Missouri FIRST Linked Deposit Program loan, I fall within the ineligible borrowers list. My failure to so notify the Treasurer’s Office within 10 business days after a status change will result in the immediate cancellation and forfeiture of my participation in the Missouri FIRST Linked Deposit Program.

Please confirm the physical address of your business or farm (if different than mailing):

Address:

City: _____ County (please provide all counties, if necessary): _____

State: _____ Zip: _____

Signature of applicant

Date

Print Full Name

Date of Birth

Name of Business, Farm or Entity on loan application