



## ***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](http://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](http://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) \_\_\_\_\_**

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 your business or farm mailing address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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