Business Loan COVID-19 Temporary Payment Relief

My business has been adversely affected by COVID-19 related issues. As a result I am unable to meet the contractual payment obligations for the loan(s) listed below, and I am requesting temporary relief.

Loan Number (last 4 digits)	Borrower Name

Please answer below as appropriate:

1) My business is now temporarily closed: Yes ☐   Date Closed: _____ No ☐
2) My business will be temporarily closing on _____
3) If closed or closing, how long do you estimate your business to be closed? _____
4) My business is to remain open and operating at a reduced volume. Yes ☐

☐ Request is to pay **interest only payments** for three consecutive months.
   If less than three months, enter # of months here: _____

☐ Request is to defer **principal & interest payments** for three consecutive months.
   If less than three months, enter # of months here: _____

   NOTE: At the end of the deferral period, you will repay any deferred interest in a schedule between 6 to 18 months. Any deferred principal may be re-cast at the next contractual rate change reset, or may be added to the balance due on the scheduled maturity date. You will be required to continue to pay all amounts related to property taxes and insurance (flood, hazard, etc.) and may be subject to other covenants and conditions in connection with approval of your request.

☐ Signed and dated Income and Expense Statement (on next page) is attached.
☐ Signed and dated Personal Financial Statement

Provide detailed explanation of the need for payment relief (e.g., retain employees, other operating expenses):

BORROWER(S):

By: _____   By: _____
Name/Title: _____   Name/Title: _____
Date: _____   Date: _____

Income and Expense Statement
(Business)

Name of Borrower: _____

Address: _____

Statement Projected From: _____ To: _____

Please provide at least a 90 day projection of your Income and Expenses

Gross Income $_____

Expenses

Loan Payment (s)	$_____
Income Taxes	$_____
Real Estate Taxes	$_____
Insurance	$_____
Utilities	$_____
Payroll	$_____
Miscellaneous	$_____

Total Expenses $_____

Net Operating Income $_____

I certify that the above information is complete and accurate to the best of my knowledge and belief:

_____   Date: _____
(please sign)