



**COVID-19 Emergency
Loan Deferment Request Form**

Date:

Borrower Name:

Contact Name:

Contact Phone:

Contact Email:

Please describe how the COVID-19 Emergency is affecting your business:

of employees prior to COVID-19:

of layoffs currently:

of layoffs expected in the next 30 days:

Approved deferments will be of both principal and interest. No interest will accrue during deferment period. Loan payments will be required to resume on 1-October-2020.

Please email completed deferment request form to Kevin LaMontagne at klamontagne@oswegocounty.org. Additional information or documentation may be required.

----- OFFICE USE ONLY -----

Loan Program:

Approvers:

(documentation attached)

Approval Date: