

COVID-19 EmergencyLoan 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: Approval Date: (documentation attached)
(uocumentation attacheu)