**COVID-19 National Disaster Hardship Assistance Questionnaire**

Dear valued customers,

At FVCbank, we are committed to supporting our customers and helping your business thrive in the face of an ever-changing environment. While we are working hard to make the right decisions for everyone’s safety during this uncertain time, we would like to reiterate to you now, more than ever, we are committed to helping you achieve your goals and strategic priorities.

In response to your request to be considered for payment relief, we are reaching out to determine if a payment deferral is needed. Please complete/provide the below information and return to your Relationship Manager along with current financials for review and further instructions. We believe in close communication in times like these and will be reaching out monthly to see how your business is weathering the economic environment.

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| **APPLICANT INFORMATION** | | | |
| Client Name: |  | Loan Number: |  |

Please provide a summary of how this natural disaster has impacted your ability to make ongoing FVCbank payments:

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| **REQUIRED FINANCIAL INFORMATION: BORROWERS / GUARANTORS** | |
|  | Current Personal Financial Statement (12/31/19 or more recent) |
|  | Other Documentation to support your financial hardship |
|  | Bank Statements for Business & Personal as of 02/28/20 (Screen shot of balances will suffice) |

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| **HOW CAN THE BANK ASSIST YOU DURING THIS PERIOD OF FINANCIAL HARDHSIP?** | |
|  | 30 Day Skip-A-Payment: Clients may skip one-full payment |
|  | 90 Day Interest Only Option: Clients may pay interest-only payments for 90 days |
|  | 90 Day Full Payment Deferral: Clients may defer the entire monthly payment for 90 days (Considered on a case-by-case basis) |

The undersigned represents and warrants that the information provided is true and complete and that the Bank is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

Signature:

Name:

Date: