**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** |
| Business Name:  |  | Date of Request:  |  |

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| **HARDSHIP QUALIFICATION** |
| Description:  | YES  | NO | N/A |
| Is your financial hardship directly related to the implementation of CDC Guidelines to combat COVID-19?  | [ ]  | [ ]  | [ ]  |
| Do you own a company that is directly impacted by CDC Guidelines to combat COVID-19? | [ ]  | [ ]  | [ ]  |
| Do you own a company that is Indirectly impacted by CDC Guidelines (e.g., Supply Chain, Loss of Tenant)?  | [ ]  | [ ]  | [ ]  |
| Is the financial hardship impacting your ability to pay full scheduled payments on FVCbank Debt obligations?  | [ ]  | [ ]  | [ ]  |
| Are you able to make interest-only payments on FVCbank Debt obligations during Hardship Period?  | [ ]  | [ ]  | [ ]  |
| Are you committed to resuming the original contractual monthly payments following period of hardship? | [ ]  | [ ]  | [ ]  |
| Have you filed a SBA Disaster Assistance Program Application? (or any other government relief program) | [ ]  | [ ]  | [ ]  |
| If not, Do you plan to file a SBA Disaster Assistance Program Application? | [ ]  | [ ]  | [ ]  |
| Have you contacted your business insurer for possible coverage (business interruption, etc.)? | [ ]  | [ ]  | [ ]  |
| What is your Business Industry if you are directly impacted by CDC Guidelines?  |  |
| If you are indirectly impacted by CDC guidelines, what industry created your financial hardship?  |  |

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| **CASH BALANCES** |
| Personal Cash | Personal IRA | Business Cash |
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*Hardship Questionnaire Continues on Following Page:*

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

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Do you anticipate an interruption in revenue? If so, what % of your monthly income stream could be interrupted?

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Describe cost cutting measures you have already implemented or intend to take to reduce your major expenses:

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| **REQUIRED FINANCIAL INFORMATION: BORROWERS / GUARANTORS** |
| [ ]  | Current Business Financial Statement (12/31/19 or more recent) |
| [ ]  | Current Personal Tax Return (2018 Required, 2019 if available)  |
| [ ]  | Current Personal Financial Statement (12/31/19 or more recent) |
| [ ]  | Bank Statements for Business & Personal as of 02/28/20 (Screen shot of balances will suffice)  |

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.

Business Name:

Signature:

Name:

Date: