



State of Connecticut

Department of Banking

Federal Shutdown Affected Employee Loan Program Application

A financial institution must file this application form with the Connecticut Department of Banking for participation in the Federal Shutdown Affected Employee Loan Program pursuant to House Bill 5765 of the 2019 Session (the "Act").

Applicant Information

Financial Institution Name:	Date:		
Main Office Address:	Street Address		
Contact Name:	City	State	ZIP Code
Contact Phone:	Email		

Financial Institution Regulator(s) Contact Information

Regulatory Agency:			
Agency Contact Name:	Title _____		
Phone:	Email _____		
Regulatory Agency:			
Agency Contact Name:	Title _____		
Phone:	Email _____		
Regulatory Agency:			
Agency Contact Name:	Title _____		
Phone:	Email _____		

Questions

When do you expect to accept applications? Date: _____

When do you expect to fund the loans? Date: _____

Disclaimer and Signature

The undersigned is duly authorized by the financial institution to submit the application. The undersigned affirms that the financial institution is not subject to any formal regulatory agreement(s) and has a Connecticut location serving Connecticut residents. The financial institution agrees to comply with the provisions of the Act.

Signature: _____ Date: _____

Email application form to: Division Director, Mary Ellen O'Neill at mary.oneill@ct.gov