



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

City State ZIP Code

Contact Name: _____ Title _____

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