



# 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](mailto:mary.oneill@ct.gov)**