

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (CHFFA)
HELP II Loan Program**

COVID-19 LOAN PAYMENT DEFERRAL REQUEST FORM

Borrower's Name _____

Loan Subsidiary Number _____

Due to the recent infectious disease known as COVID-19 and the proclamation of a State of Emergency by Governor Gavin Newsom on March 4, 2020 as a result of the threat of COVID-19, our health institution is impacted and is in need of financial assistance in order to continue providing health care services to our community.

We are formally requesting a ____ (1, 2 or 3) month debt service payment deferral of our HELP II Loan Program loan(s) beginning the month of _____.

I hereby certify that our health institution has been affected by the COVID-19 pandemic and have provided evidence to the CHFFA to support this. I understand that CHFFA is offering a one-time deferral of debt service payments (including principal and interest) for up to three months, interest will not be capitalized during the time of deferral, and the maturity of the loan will be extended up to three months from the current monthly principal and interest payment schedule end date.

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

LOAN INFORMATION (to be completed by CHFFA staff)

Loan Subsidiary Number: _____

Original Maturity Date: _____

Total Debt Service Payment: _____

New Final Maturity Date: _____

Signature: _____ **Date:** _____