

**Request for Payment Deferral Form**

Funding Recipient Name: \_\_\_\_\_

Loan Numbers for which you  
are requesting payment deferral: \_\_\_\_\_

On behalf of the Funding Recipient, I hereby certify that our authorized representatives have reviewed PENNVEST's COVID-19 Relief Efforts Memorandum dated April 10, 2020 and have taken official action electing to exercise the option and hereby request a deferral of principal and interest payments as set forth below.

The Funding Recipient agrees and understands that interest will continue to accrue during the deferral period, that it will have the opportunity to repay the amount of deferred principal and interest payments during the term of its PENNVEST loan(s), and that any amounts not repaid will be included as a lump sum payment, along with the entire balance of principal, interest and any other amounts payable under the Funding Documents, on the maturity date as set forth in the Debt Obligation(s), as amended.

Number of Months for which the Funding Recipient is requesting deferral  
\_\_\_\_\_ (maximum of 3)

Month on which you would like to start deferring payments:  
\_\_\_\_\_ (If you would like PENNVEST to start the deferral as soon as possible, state that)

The Funding Recipient hereby agrees to execute and deliver such additional documents, certifications and other instruments as PENNVEST shall reasonably require in order to provide for the deferral of principal and interest payments as set forth in the PENNVEST COVID-19 Relief Efforts Memorandum dated April 10, 2020 and this Request for Deferral Form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funding Recipient Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

### Secretary's Certification

I am the Secretary of \_\_\_\_\_ (Funding Recipient) and as the person in control of the records of the Funding Recipient hereby certify to the following:

1. The Funding Recipient has taken official action to elect to exercise PENNVEST's offer to defer principal and interest payments in connection with PENNVEST's COVID-19 Relief Efforts Memorandum dated April 10, 2020 and any associated resolutions, ordinances, or official actions are valid, binding and in full force and effect and there have been no further changes or amendments to such resolutions, ordinances, or official actions since the date thereof.
2. The authorized signatory of the Funding Recipient set forth in the Request for Payment Deferral Form dated \_\_\_\_\_ is the signatory authorized to sign the Request for Payment Deferral Form on behalf of the Funding Recipient, and the contact information relating to the authorized signatory represents true and accurate contact information with respect to the authorized signatory, including his/her title, telephone number and email address.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

*Please complete the form providing the requested information, print and have the appropriate officials sign the form. Save a copy of the form in **PDF format**, and submit the completed forms to Denise Zern, PENNVEST Loan Servicing Specialist at [dzern@pa.gov](mailto:dzern@pa.gov). Please contact Denise at 717-783-6747 with any questions.*