



Partners Federal Credit Union

HELOC Hardship Application

(Home Equity Line of Credit)

If you are struggling financially, we at Partners Federal Credit Union will review your application in an attempt to provide you with temporary relief. Please send the following documentation to us for review.

For HELOC (Home Equity Line of Credit)

- Completed and signed the Hardship Application
- Proof of Income – 30 days of paystubs for all working borrowers, unemployment determination letter, social security, etc. If self-employed, the last 2 years tax returns.
- Hardship Letter. Detailing your current situation and what type of assistance you are looking for. The letter must be signed and dated.
- Copy of your Driver's License or State Issued Photo ID
- Copy of your First Lien Mortgage Statement (if applicable)
- Copy of your Homeowners Associates (HOA) statement (if applicable)
- Copy of your Property/Homeowner/Hazard/Flood Insurance Declaration Page
- Copy of your latest Property Tax Bill
- Copy of your latest Utility Bill (gas or electric statement)
- Copy of your Checking and Savings Account Statements (include all pages, even blanks) for the last 2 months.
- Copy of your other Bank Account Statements for the last 2 months – Investments, 401K's, Stocks, Bonds, etc.
- Copy of your Federal Tax Return for the last 2 years

Please return the completed applications and documents to Partners Federal Credit Union by the following options:

- In person at Partners branch
- Email to PFCU.Mortgage.Servicing@partnersfcu.org
- Fax to 407.386.7436 – for the HELOC Loan Servicing Area
- Mail to: Partners Federal Credit Union, Attention: Portfolio Services, 13705 International Drive South, Orlando FL 32821

Important Information:

Packets with missing documents will be considered incomplete and will not be reviewed
Please allow up to 30 days for processing from the date of receiving a completed packet

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Date: ____/____/____

Member Account Number: _____

PRIMARY BORROWER INFORMATION

JOINT BORROWER INFORMATION

Primary Name:	Joint Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email Address:	Email Address:

CURRENT PHYSICAL ADDRESS (NO PO BOX) CURRENT PHYSICAL ADDRESS

Street:	Street:
City, State, Zip:	City, State, Zip:
<input type="checkbox"/> OWN or <input type="checkbox"/> RENT	<input type="checkbox"/> OWN or <input type="checkbox"/> RENT
How long? ____ Year(s) ____ Month(s)	How long? ____ Year(s) ____ Month(s)

EMPLOYMENT INFORMATION

EMPLOYMENT INFORMATION

Employer Name:	Employer Name:
Employer Phone Number:	Employer Phone Number:
Street:	Street:
City, State, Zip:	City, State, Zip:
Position/Title:	Position/Title:
How long? ____ Year(s) ____ Month(s)	How long? ____ Year(s) ____ Month(s)
Salary/Wages :	Salary/Wages:
Full or Part Time:	Full or Part Time:
Hours per week:	Hours per week:

OTHER INCOME

(2nd job, rental, etc.)

OTHER INCOME

(2nd job, rental, etc.)

Other Income Name:	Other Income Name:
Employer Name:	Employer Name:
How long? ____ Year(s) ____ Month(s)	How long? ____ Year(s) ____ Month(s)
Salary/Wages:	Salary/Wages:
Hours per week:	Hours per week:
Other additional (SSI, SSD, Child Support, etc.) \$	Other additional (SSI, SSD, Child Support, etc.) \$

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MONTHLY EXPENSES

DESCRIPTION	MONTHLY PAYMENT	BALANCE DUE
Mortgage or Land		
Other Mortgage(s) <input type="checkbox"/> / Rent <input type="checkbox"/>		
Alimony/Child support		
Child Care		
Automobile Loan (1)		
Automobile Loan (2)		
Installment Loan (1)		
Installment Loan (2)		
Other Loans		
Visa		
Master Card		
Other Credit cards (list name)		
Other		
Other		
Electricity/Heating		
Telephone/Cell		
Water/Sewage		
Automobile Insurance		
Health Insurance		
Life Insurance		
Church		
Club/Union/Association Dues		
Doctor/Dentist		
Medications		
Hospital		
Gasoline – Car		
Car Maintenance		
Monthly Parking		
Food - Groceries		
Food – Eating Out		
School or Work Lunches Purchased		
New Clothes / Shoes		
Dry Cleaning		
Spending Money		
Cable TV		
Clubs, Sports & Hobbies		
Entertainment – Movies, Shows, etc.		
Vacations		
Other		
TOTAL		

How many total dependents? _____

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HARDSHIP REASON

I (We) am/are having difficulty making my monthly payment because of financial difficulties created by (check all that apply)

<p>My household income has been reduced due to the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Unemployment<input type="checkbox"/> Underemployment – reduce in pay or hours<input type="checkbox"/> Decline in business earnings<input type="checkbox"/> Death, disability or divorce of a borrower or co-borrower.	<ul style="list-style-type: none"><input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes creditcards, home equity, and/or other debt.
<p>My expenses have increased due to the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Monthly mortgage payments reset<input type="checkbox"/> High medical or health care costs<input type="checkbox"/> Uninsured losses<input type="checkbox"/> Increased utilities or property taxes<input type="checkbox"/> Alimony<input type="checkbox"/> Child Support	<ul style="list-style-type: none"><input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current payment and cover basic living expenses at the same time.

Please explain in detail the reason for requesting the extension or rewrite: (You may attach a separate sheet if additional space is needed)

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LIST PERSONAL REFERENCES

Name:	Relation:
Street:	Contact Number:
City, State, Zip:	
Name:	Relation:
Street:	Contact Number:
City, State, Zip:	
Name:	Relation:
Street:	Contact Number:
City, State, Zip:	

IMPORTANT INFORMATION:

If you have credit limits and /or lines of credit on any Partners Federal Credit Union loan products, Partners Federal Credit Union may reduce or eliminate access to those lines of credit, as permitted by law, in accordance with this request for hardship assistance. No guarantees of assistance are given or implied. You are responsible for making payments on the due date and collection activities may proceed.

You agree to the following: The information herein is an accurate statement of my financial status. Everything stated in this application is correct to the best of my knowledge. You authorize the Credit Union to obtain credit reports in connection with this application. You understand that the Credit Union may rely on the information in this application and your credit report to make its decisions. If you request, the Credit Union will tell you the names and address of any credit bureau from which it received a credit report on you. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND IT AND ALL OF ITS PROVISIONS, AND I AM SIGNING VOLUNTARILY.

Primary Signature _____

Joint Signature _____

Date ____/____/____

Date ____/____/____

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