



# Financial Hardship Application

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 for a thorough evaluation of your current financial status and your ability to make loan payments when completed.

In order to prevent delays in processing your application, please provide all documents as shown on Page 5 with your complete application.

**Questions:** Please call us at 1-800-948-6677.

**IMPORTANT:** Submitting a complete application with supporting documentation will help expedite the review and decision process.

**NOTE:** Please continue to make your regularly scheduled loan payments while your application is being processed and reviewed for consideration, which may take up to 30 days from the date of the completed application.

## HARDSHIP APPLICATION

**I. I am having problems with making my monthly payment because of financial difficulties created by:**  
(please check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Unemployment   | <input type="checkbox"/> Divorce/Death of Spouse | <input type="checkbox"/> Military Service <i>Please select Military Service if you are a Military Service Member who is currently on Active Duty or has been on Active Duty within the last 12 months.</i> |
| <input type="checkbox"/> Reduced Income | <input type="checkbox"/> Illness/Medical Bills   |  |
| <input type="checkbox"/> Job Relocation | <input type="checkbox"/> Disability              | <input type="checkbox"/> Other: Please Specify _____   |

**II. I believe my hardship is:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary, should be over by: _____ |
|------------------------------------|--|

**III. Please list all loans with Partners Federal Credit Union that you are requesting assistance for:**

Your Membership Number \_\_\_\_\_

Loan Type(s). Please check all that apply:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Credit Card    | <input type="checkbox"/> Auto Loan                   | <input type="checkbox"/> Line of Credit | <input type="checkbox"/> Personal Loan |
| <input type="checkbox"/> HELOC Mortgage | <input type="checkbox"/> Other: Please Specify _____ |   |  |

**Please include a detailed explanation regarding your hardship situation:** *(Required, this field must be completed)*

---

---

## MEMBER FINANCIAL STATEMENT

Member Name

Date of Birth

Social Security Number

Current Mailing Address

Current Property Address (if different from mailing address)

Email Address

Home Phone

Cell Phone

Work Phone

Employer

Time with Employer

### MONTHLY INCOME

Gross Monthly Income:

Unemployment/  
Disability Income:

Child Support/  
Alimony Received:\*

Rents Received:

Other: (please specify)

**TOTAL:**

Member Name

Date of Birth

Social Security Number

Current Mailing Address

Current Property Address (if different from mailing address)

Email Address

Home Phone

Cell Phone

Work Phone

Employer

Time with Employer

### MONTHLY INCOME

Gross Monthly Income:

Unemployment/  
Disability Income:

Child Support/  
Alimony Received:\*

Rents Received:

Other: (please specify)

**TOTAL:**

\*Alimony, child support, or separate maintenance income does not have to be revealed if you do not wish to have it considered as part of your income.

## PROPERTY INFORMATION

### Property Address:

Property Type:	Occupancy Type:	Present Market Value:	Gross Rental Income: <i>(Monthly)</i>
Amount of Mortgage:	Mortgage Payment: <i>(Monthly)</i>	Insurance, Maintenance, Taxes & Misc: <i>(Monthly)</i>	Net Rental Income: <i>(Monthly)</i>

### Property Address:

Property Type:	Occupancy Type:	Present Market Value:	Gross Rental Income: <i>(Monthly)</i>
Amount of Mortgage:	Mortgage Payment: <i>(Monthly)</i>	Insurance, Maintenance, Taxes & Misc: <i>(Monthly)</i>	Net Rental Income: <i>(Monthly)</i>

### Property Address:

Property Type:	Occupancy Type:	Present Market Value:	Gross Rental Income: <i>(Monthly)</i>
Amount of Mortgage:	Mortgage Payment: <i>(Monthly)</i>	Insurance, Maintenance, Taxes & Misc: <i>(Monthly)</i>	Net Rental Income: <i>(Monthly)</i>

## Please answer the following questions:

Are there any other liens or judgment against the property? ☐ Yes ☐ No ☐ N/A

If yes, please explain: \_\_\_\_\_

Are there any outstanding judgment against you or are you party to a lawsuit? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Have you ever filed bankruptcy? ☐ Yes ☐ No

If yes, please explain:

---



---

## MONTHLY BUDGET WORKSHEET

Number of Dependents in Household: \_\_\_\_\_

Fixed Expenses	Monthly Amount
Mortgage/Rent	
Auto Loan(s)	
Student Loan(s)	
Personal Loan(s)	
Credit Card(s)	
Pay Day/Title Loan(s)	
Child Care	
Child Support/Alimony	
Auto Insurance	
Life Insurance	
401(k) Loan Repayment	
HOA Fees	
Taxes/Insurance <i>(if not escrowed)</i>	
Other <i>(please specify)</i>	
<b>FIXED TOTAL</b>	

Variable Expenses	Monthly Amount
Electric/Natural Gas	
Water/Garbage/Recycle	
Cell Phone	
Internet/Cable/Landline	
Medical	
Food	
Other <i>(please specify)</i>	
<b>VARIABLE TOTAL</b>	

Type of assistance you are requesting	
Payment Deferral	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loan Modification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refinance	<input type="checkbox"/> Yes <input type="checkbox"/> No

Monthly Income	Monthly Amount
Member 1 <i>(total from page 2)</i>	
Member 2 <i>(total from page 2)</i>	
Comments/Explanation:	
<b>TOTAL MONTHLY INCOME</b>	

Assets (Total Value)	Total Amount
Home (Primary Residence)	
Other Real Estate	
Checking	
Savings/Money Market	
Cars and Value(s)	
401(k)/IRA/Keogh/ESOP	
Stocks and Bonds	
Other <i>(please specify)</i>	
<b>TOTAL ASSETS</b>	

<b>Fixed Total</b>	
<b>Variable Total</b>	
<b>Total Monthly Expenses</b>	
<b>Total Monthly Income</b>	
<b>NET RESULT</b> <i>(Monthly Income - Monthly Expenses)</i>	

\*All pages of the application must be completed and all applicable sections must be signed by all parties. If something is not applicable, please notate "N/A" or "\$0". Please total each section.

## HARDSHIP VERIFICATION AND DOCUMENTATION

In addition to the verification of hardship below, please provide the following documentation.  
Documents cannot be older than 60 days. **Signed Completed Hardship Application is required.**

INCOME VERIFICATION	THE REQUIRED HARDSHIP DOCUMENTATION IS:
All Applicants	<ul style="list-style-type: none"> <li>Your two most recent bank statements for checking, savings, and retirement accounts</li> </ul>
A W-2 Wage Earner	<ul style="list-style-type: none"> <li>Two most recent paystubs with year-to-date information</li> </ul>
Receiving SSI, Pension or Disability	<ul style="list-style-type: none"> <li>Award Letter or proof of receipt</li> </ul>
Self-Employed	<ul style="list-style-type: none"> <li>Two most recent years of federal tax returns</li> <li>Year-to-date profit and loss statement</li> </ul>
HARDSHIP TYPE	THE REQUIRED HARDSHIP DOCUMENTATION IS:
Unemployment	<ul style="list-style-type: none"> <li>Proof of Unemployment Benefit Award letter.</li> <li>Your two most recent bank statements for checking, savings and retirement accounts</li> </ul>
Reduction of Income	<p>Evidence establishing reduction in income (e.g., documents showing before and after reduction occurred, paystubs showing before and after)</p> <ul style="list-style-type: none"> <li>Two most recent paystubs with year-to-date information</li> </ul>
Long Term or Permanent Disability: serious illness of yourself or dependent family member	<p>Documentation verifying how the disability or serious illness affected your finances (e.g., medical bills, provider billing statements, reduction in work and/or overtime hours, etc.)</p> <ul style="list-style-type: none"> <li>If applicable, Award Letter or proof of receipt</li> </ul> <p><b>NOTE:</b> You do not need to provide detailed medical information and/or information from a medical provider to satisfy this requirement.</p>
Death of spouse/wage earner in the household	<ul style="list-style-type: none"> <li>Copy of Death Certificate, or Obituary (newspaper or memorial)</li> <li>Documents to support paying additional expenses (e.g., out of pocket funeral or traveling expenses)</li> </ul>
Divorce or Legal Separation	<ul style="list-style-type: none"> <li>Divorce Decree signed by the court, OR</li> <li>Separation agreement signed by the court, OR</li> <li>Current evidence showing separate addresses</li> </ul>
Medical Bills/Illness	<ul style="list-style-type: none"> <li>Documentation verifying how medical bills affected your finances (e.g., copy of medical bills, current/recent provider statement or billing, (explanation of benefit is not considered verification), reduction of income/hours of work and documents to support additional expenses being paid)</li> </ul>
Other: Hardship that is not covered above	<ul style="list-style-type: none"> <li>Verification/documents supporting explanation of hardship (e.g., Job Relocation, Military Service, etc.)</li> </ul>
FOR HELOC ASSISTANCE	ADDITIONAL DOCUMENTS REQUIRED
Other Mortgage Documents	<ul style="list-style-type: none"> <li>Copies of the latest mortgage statement(s)</li> <li>If assistance was provided, copies of agreements and terms</li> </ul>
Employment Information	<ul style="list-style-type: none"> <li>Name and address of current employer(s).</li> </ul>
Other Required Documentation	<ul style="list-style-type: none"> <li>Copy of your driver's license or state issued photo ID</li> <li>Copy of current Homeowners Association (HOA) statement</li> <li>Copy of latest property tax bill</li> <li>Copy of current Homeowners Insurance policy</li> <li>Copy of your Federal Tax Returns for the last 2 years</li> <li>Signed Hardship Letter</li> </ul>

## IMPORTANT INFORMATION

I/We certify that all statements stated in this application are true and complete to the best of my/our knowledge. I/We acknowledge that Section 104 of Title 18 of the U.S. Code makes it a federal crime for anyone to make false statement or reports or willfully overvalue property or securities for the purpose of including or influencing the action of a federal credit union on an application for a loan, extension or renewal of the same, or for the acceptance, release, or substitution of collateral. I expressly authorize any person, partnership, credit reporting agency, association, firm, corporation, or personnel office or officer, upon your request, to furnish you a credit report or other information concerning me relevant to the review and evaluation of this application or any subsequent re-evaluation thereof.

I/We have applied for hardship assistance with Partners Federal Credit Union (Partners). The information herein is an accurate statement of my financial status. As part of the application process, Partners or one of their agents, may verify information contained in my application and other documents required in connection with the application. I/We authorize Partners to provide to any third party vendor, any and all information and documentation that they request in order to process my application and to obtain credit reports in connection with this application. Such information includes, but is not limited to: loan payoff amounts, loan amount, balances and lien payoff amounts, subordinations, credit reports, state and federal tax lien information, previously released mortgage accounts, and any other similar financial information.

If Partners needs to contact me/us to service my account, request documents or collect amounts owed, I/we authorize Partners to contact me at any number provided, or from which I call Partners, or at which Partners reasonably believes it may reach me. Partners may contact me by calling or texting or any other appropriate means of communication. I/We agree Partners may contact me on a mobile, wireless, cell phone or similar device even if I am charged for it and I/we further agree that I am the subscriber/owner of the device's account or have been granted the authority by the subscriber/owner of such device to provide Partners with the number and the owner consents to such contact. By requesting assistance on my account(s), I/we understand I may not be eligible for future financing with Partners for a period up to six months or longer and that if I have credit limits and/or lines of credit on any Partners loan products, Partners 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. I understand that I must continue to make my regularly scheduled loan payments while this application is being processed and reviewed for consideration, which may take up to 30 days from the date of the completed application and collection activities may proceed. I/We understand that the Credit Union may rely on the information in this application and my credit report to make its decisions. If I request, the Credit Union will tell me the names and addresses of any credit bureau from which it received a credit report on me.

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.

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF ITS PROVISIONS, AND I AM SIGNING VOLUNTARILY.**

---

Member Signature

---

Joint Member Signature

---

Date

---

Date