

## Financial Hardship Application

Member Information					
Borrower Name (Last, First, Middle)			Co-Borrower Name (Last, First, Middle)		
Account No.		Social Security No.	Account No.		Social Security No.
Birth Date	Driver's License No.		Birth Date	Driver's License No.	
Home Phone		Cell Phone	Home Phone		Cell Phone
Email Address			Email Address		
Address		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	Address		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
Employment and Income Information					
Name of Employer (Borrower)			Name of Employer (Co-Borrower)		
Address and Phone Number of Employer			Address and Phone Number of employer		
Position/Job Title	Employment Duration	Self Employed?	Position/Job Title	Employment Duration	Self Employed?
Gross Annual Salary \$		Net Take Home Pay (monthly) \$	Gross Annual Salary \$		Net Take Home Pay (monthly) \$
Other Income Source			Other Income Source		
Other Income Annual Salary \$		Net Take Home Pay (monthly) \$	Other Income Annual Salary \$		Net Take Home Pay (monthly) \$
Other Income Source			Other Income Source		
Gross Annual Salary \$		Net Take Home Pay (monthly) \$	Gross Annual Salary \$		Net Take Home Pay (monthly) \$
Other Income Source			Other Income Source		
Gross Annual Salary \$		Net Take Home Pay (monthly) \$	Gross Annual Salary \$		Net Take Home Pay (monthly) \$

<b>Assets &amp; Liabilities</b>	<b>Amount Owed</b>	<b>Monthly Payment</b>
Home Mortgage	\$	\$
Second Mortgage	\$	\$
Other Mortgage/HELOC	\$	\$
Vehicle #1	\$	\$
Vehicle #2	\$	\$
Property/Land	\$	\$
401(k) Loan	\$	\$
Other Payments*	\$	\$
Other Payments*	\$	\$
Other Payments*	\$	\$
Other Payments*	\$	\$
Other Payments*	\$	\$
<b>Total Assets &amp; Liabilities</b>	\$	\$

\*ex: vessel, RV, timeshare, additional vehicles, etc.

<b>Other Investments</b>	<b>Monthly Contribution</b>	<b>Proposed Contribution</b>
401(k)	\$	\$
Savings Account	\$	\$
TSP	\$	\$
IRA	\$	\$
Money Market/Stocks/CD	\$	\$
Cash Value Life Insurance	\$	\$
External Savings Account	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
<b>Total Assets &amp; Liabilities</b>	\$	\$

## Monthly Expenses

For all categories that apply to you, enter the monthly amount you spend. Some expenses fluctuate each month and will need to be averaged. Other expenses may be periodic (such as insurance, vehicle registration and taxes). Calculate the annual amount and divide by 12.

<b>Housing</b>	<b>Current</b>	<b>Proposed</b>
Mortgage/Rent	\$	\$
2 <sup>nd</sup> Mortgage/HELOC	\$	\$
Homeowners/Renters Insurance	\$	\$
Property Taxes	\$	\$
Condo/HOA Fees	\$	\$
Home Maintenance	\$	\$
Lawn/Garden/Pool	\$	\$
Alarm System	\$	\$
Gas/Electric (average)	\$	\$
Water/Sewage/Garbage	\$	\$
Land Line/Cell Phone	\$	\$
Cable/Satellite	\$	\$
Internet	\$	\$
<b>Food</b>	<b>Current</b>	<b>Proposed</b>
Groceries/Household Items	\$	\$
Food at work/school	\$	\$
Dinning Out	\$	\$
Other:	\$	\$
<b>Medical</b>	<b>Current</b>	<b>Proposed</b>
Doctor/Chiropractor	\$	\$
Optometrist/Glasses/Contacts	\$	\$
Dentist/Orthodontist	\$	\$
Prescriptions	\$	\$
Health Insurance	\$	\$
Dental Insurance	\$	\$
Vision Insurance	\$	\$
Life/Disability Insurance	\$	\$
<b>Miscellaneous Obligations</b>	<b>Current</b>	<b>Proposed</b>
Federal Tax Repayment	\$	\$
State Tax Repayment	\$	\$
Student Loans	\$	\$
Union Dues	\$	\$
Child Support/Alimony	\$	\$

<b>Transportation</b>	<b>Current</b>	<b>Proposed</b>
Vehicle Payment #1	\$	\$
Vehicle Payment #2	\$	\$
Auto Insurance	\$	\$
DMV Registration	\$	\$
Gasoline/Oil	\$	\$
Maintenance/Repairs	\$	\$
Public Transportation	\$	\$
Tolls/Parking	\$	\$
<b>Personal</b>	<b>Current</b>	<b>Proposed</b>
Beauty/Barber	\$	\$
Clothing/Jewelry	\$	\$
Cosmetics/Manicure/Pedicure	\$	\$
Laundry/Dry Cleaning	\$	\$
<b>Entertainment</b>	<b>Current</b>	<b>Proposed</b>
Movies/Concerts/Theater	\$	\$
Books/Magazines/Newspapers	\$	\$
CD/DVD	\$	\$
Sports/Hobbies/Memberships	\$	\$
Vacations/Travel	\$	\$
Movie/TV Subscriptions	\$	\$
Gaming Subscriptions	\$	\$
<b>Miscellaneous</b>	<b>Current</b>	<b>Proposed</b>
Childcare/Daycare/Babysitting	\$	\$
Tuition/Lessons	\$	\$
Pet Care	\$	\$
Storage Fees	\$	\$
Banking Fees	\$	\$
Holiday/Birthday/Gifts	\$	\$
Charitable Contributions	\$	\$
Gym Memberships	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$

**Current Debts**

Please list all unsecured debts (credit card accounts, personal loans, personal lines of credit, etc.) with balances over \$100. Do not include mortgage, vehicle or student loans; list these loans in the appropriate sections on the previous expense information page(s).

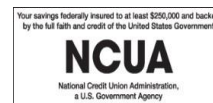
Name of Creditor	Account Number	Amount Delinquent	Current Balance	Current Payment	Interest Rate
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		\$	\$	\$	

In addition to submitting the above information and for your request to be considered, you will also need to provide:

- Two most recent bank statements from your Primary Financial Institution
- Two most recent paystubs for all borrowers
- Signed, written explanation for the hardship request



I certify that all the above information is true and correct to the best of my knowledge.



\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date