

MEMBER FINANCIAL ASSISTANCE REQUEST



If you are struggling financially, we may be able to provide temporary financial relief. Please complete this form and send it via our secure [email system](#) for your protection.

Account No. (s) _____

Member Name _____

Mailing Address _____

City, State, Zip _____

Cell Phone _____ Work Phone _____

Email _____

Joint Owner Name (If Applicable) _____

Cell Phone _____ Work Phone _____

Email _____

****Please attach last two (2) paystubs****

Name of Employer	Gross Monthly Wage
_____	\$ _____
_____	\$ _____
_____	\$ _____

Member Pay Days _____

Joint Owner Pay Days _____

Additional Income Description (Not Wages)	Monthly Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Monthly Expenses	Monthly Amount
Mortgage.....	\$ _____
Second Mortgage.....	\$ _____
Auto Payment(s) # _____.....	\$ _____
Auto Insurance.....	\$ _____
Credit Card or Installment Payments.....	\$ _____
Child Care / Child Support / Alimony*.....	\$ _____
Food & Utilities.....	\$ _____
Medical (not covered by insurance).....	\$ _____
Telephone & Cable TV.....	\$ _____
Spending Money.....	\$ _____
Other Expenses.....	\$ _____

* Notice: Alimony, child support or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered for approval of a loan workout.



DESCRIPTION OF HARDSHIP

Please provide a detailed explanation describing the reason(s) for your financial hardship and the expected timeframe for resolution: