



Financial Hardship Application

At Partners, we understand financial circumstances may change and affect your ability to manage your debt. Please fill out this hardship application in its entirety, submit the required documentation, and we'll work with you to understand the issues you are experiencing and explore what assistance we can provide.

HARDSHIP APPLICATION

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

- Unemployment
- Death of Spouse
- Military Service *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.*
- Reduced Income
- Illness/Medical Bills
- Job Relocation
- Disability
- Other: Please Specify _____

II. I believe my hardship is:

- Permanent
- 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:

- Credit Card
- Auto Loan
- Bill Consolidation
- Personal Loan
- HELOC Loan
- Other: Please Specify _____

IV. What type of assistance are you requesting?

- Payment Deferral
 - Refinance/Rewrite
If selecting Refinance/Rewrite, please provide the following:
 - Loan Modification (HELOC only)
- Desired affordable monthly payment: _____
- Reason: _____

V. Please answer the following questions:

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

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

Have you ever filed bankruptcy? Yes No

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**

MEMBER FINANCIAL STATEMENT

Member Name _____ Date of Birth _____

Current Mailing Address _____

Current Property Address *(if different from mailing address)* _____

Time at This Address *(years/months)* _____

Current Address Status:

- Owns with Mortgage: Renting
 Owns Free & Clear
Loan Balance Owed _____ Living with Others

Email Address _____

Home Phone _____ Cell Phone _____

Employer _____ Start Date _____

Position/Title _____ Work Phone _____

Part- or Full-Time Hours/Week Pay Rate

Marital Status:

- Single Divorced Separated
 Married Widowed Never Married

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.*

Member Name _____ Date of Birth _____

Current Mailing Address _____

Current Property Address *(if different from mailing address)* _____

Time at This Address *(years/months)* _____

Current Address Status:

- Owns with Mortgage: Renting
 Owns Free & Clear
Loan Balance Owed _____ Living with Others

Email Address _____

Home Phone _____ Cell Phone _____

Employer _____ Start Date _____

Position/Title _____ Work Phone _____

Part- or Full-Time Hours/Week Pay Rate

Marital Status:

- Single Divorced Separated
 Married Widowed Never Married

MONTHLY INCOME

Gross Monthly Income: _____

Unemployment/
Disability Income: _____

Child Support/
Alimony Received:* _____

Rents Received: _____

Other: *(please specify)* _____

TOTAL: _____

MONTHLY BUDGET WORKSHEET

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>	
FIXED EXPENSES TOTAL	

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

Monthly Income	Monthly Amount
Member <i>(total from page 2)</i>	
Joint Member <i>(total from page 2)</i>	
Provide detailed explanation for hardship request:	
TOTAL MONTHLY INCOME	

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

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

HARDSHIP VERIFICATION AND DOCUMENTATION

In addition to the verification of hardship below, please provide the following documentation:
 (Documents cannot be older than 60 days)

INCOME VERIFICATION	THE REQUIRED HARDSHIP DOCUMENTATION IS:
All Applicants	<ul style="list-style-type: none"> ■ Your two most recent bank statements for checking, savings, and retirement accounts
A W-2 Wage Earner	<ul style="list-style-type: none"> ■ Two most recent paystubs with year-to-date information
Receiving SSI, Pension or Disability	<ul style="list-style-type: none"> ■ Award Letter or proof of receipt
Self-Employed	<ul style="list-style-type: none"> ■ Two most recent years of federal tax returns ■ Year-to-date profit and loss statement
HARDSHIP TYPE	THE REQUIRED HARDSHIP DOCUMENTATION IS:
Unemployment	<ul style="list-style-type: none"> ■ Proof of Unemployment Benefit Award letter. ■ Your two most recent bank statements for checking, savings and retirement accounts
Reduction of Income: a hardship caused by a decrease in your income due to circumstances outside your control	<ul style="list-style-type: none"> ■ Two most recent paystubs with year-to-date information
Long Term or Permanent Disability: serious illness of yourself or dependent family member	<ul style="list-style-type: none"> ■ Award Letter or proof of receipt
Death of a family member or wage earner in the household	<ul style="list-style-type: none"> ■ Two most recent years of federal tax returns ■ Year-to-date profit and loss statement
Divorce or Legal Separation	<ul style="list-style-type: none"> ■ Divorce Decree signed by the court, OR ■ Separation agreement signed by the court, OR ■ Current evidence showing separate addresses
Business Failure	<ul style="list-style-type: none"> ■ Dissolution documents evidencing closure of business, OR ■ Two months most recent bank statements evidencing the cessation of business activity, OR ■ Notice of Bankruptcy filing for business
Vehicle Refinance	<ul style="list-style-type: none"> ■ Copy of vehicle's registration and driver's license(s) for all Members ■ Proof of current vehicle mileage ■ Name of insurance company, policy number, and agent's name and phone number, if available
Other: hardship that is not covered above	<ul style="list-style-type: none"> ■ Verification/documents supporting explanation of hardship
FOR HELOC ASSISTANCE	THE REQUIRED HARDSHIP DOCUMENTATION IS:
Other Mortgage Documents	<ul style="list-style-type: none"> ■ Copies of the latest mortgage statement(s) ■ If assistance was provided, copies of agreements and terms
Employment Information	<ul style="list-style-type: none"> ■ Name and address of current employer(s).
Other Required Documentation	<ul style="list-style-type: none"> ■ Copy of your driver's license or state issued photo ID ■ Copy of current Homeowners Association (HOA) statement ■ Copy of latest property tax bill ■ Copy of current Homeowners Insurance policy ■ Copy of your Federal Tax Returns for the last 2 years ■ Signed Hardship Letter

IMPORTANT INFORMATION

If you have credit limits and/or lines of credit on any Partners Federal Credit Union 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. 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. I authorize the Credit Union to obtain credit reports in connection with this application. I 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.

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

Primary Member Name *(please print)*

Joint Member Name *(please print)*

Primary Member Signature

Joint Member Signature

Date

Date

Please return the completed applications and required documents to Partners Federal Credit Union.

HELOC

In person at a Partners branch

Email: PFCU.Mortgage.Servicing@partnersfcu.org

Fax: 407.386.7436
HELOC Loan Servicing

Mail: Partners Federal Credit Union
Attn: Portfolio Services
13705 International Drive South
Orlando, FL 32821

Consumer Loans *(Auto, Personal, Credit Card, Misc.)*

In person at a Partners branch

Email: PFCUHardships@partnersfcu.org

Fax: 407.386.6574
Consumer Loan Servicing Department

Mail: Partners Federal Credit Union
Attn: Consumer Loan Servicing
13705 International Drive South
Orlando, FL 32821