



Hardship Application

Thank you for contacting us regarding your current financial situation. If you are experiencing a temporary or long-term hardship and need help, a thorough evaluation of your current financial status and ability to make loan payments will be conducted. Please complete this application and provide a written statement attesting to the cause of your financial difficulties. Please continue to make your regularly scheduled payments while your application is being processed for consideration. Hardship applications evaluations may take up to 30 days from date of receipt by the credit union. Please direct any question to our Loan Department by calling 1-800-635-6829 x249.

Borrower's Name and Member Number:		
Social Security Number:	Email Address:	
Current Mailing Address:		
Current Property Address:		
Cell Phone:	Home Phone:	Work Phone:
Employer:	Time with Employer:	

Co-Borrower's Name and Member Number:		
Social Security Number:	Email Address:	
Current Mailing Address:		
Current Property Address:		
Cell Phone:	Home Phone:	Work Phone:
Employer:	Time with Employer:	

Gross Monthly Income:	
Unemployment/Disability Income:	
Child Support/Alimony Received*:	
Rents Received:	
Other (Specify):	
Total:	

Gross Monthly Income:	
Unemployment/Disability Income:	
Child Support/Alimony Received*:	
Rents Received:	
Other (Specify):	
Total:	

515 MILFORD - WARREN GLEN ROAD
MILFORD, NJ 08848-1881
(908) 995-2326 • (800) 635-6829
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LOAN DEPT. FAX (908) 995-0714

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(908) 782-4587
FAX (908) 284-2208

5936 EASTON ROAD
PIPERSVILLE, PA 18947-1828
(267) 362-5721
FAX (267) 362-5722



Application Details

1. I am having problems making my monthly payment because of financial difficulties created by: (Check all applicable options)

- | | | |
|--|--|---|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Temporary Layoff | <input type="checkbox"/> Divorce / Separation |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Disability | <input type="checkbox"/> Death of Spouse |
| <input type="checkbox"/> Reduced Income | <input type="checkbox"/> Business Failure | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Military Service* | <input type="checkbox"/> Other: Please Specify _____ | |

* Please select the Military Service check box if you are a Military Service member who is currently on Active Duty or has been on Active Duty within the last 12 months.

2. I believe that my hardship is permanent.
- I believe that my temporary hardship should be over by: _____ (required)

3. Please list all loans with Riegel Federal Credit Union that you are requesting assistance for:

- | | | |
|---|---|---|
| <input type="checkbox"/> Loan # _____ - _____ | <input type="checkbox"/> Loan # _____ - _____ | <input type="checkbox"/> Loan # _____ - _____ |
| Loan Type - _____ | Loan Type - _____ | Loan Type - _____ |

4. Please include written statement attesting to the cause of your financial difficulties (required):



Required Hardship Documentation

IF YOUR HARDSHIP IS DUE TO:	PLEASE PROVIDE:
I. Unemployment	<ul style="list-style-type: none"> • Most Recent Checking Account Statement • Employment Discharge Letter (if applicable) • Unemployment Benefits Award Letter, OR most recent unemployment benefit disbursement
II. Reduction of Income: a hardship that has caused a decrease in your income due to circumstances outside your control. (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul style="list-style-type: none"> • Most Recent Checking Account Statement • Evidence establishing reduction of income
III. Long-Term or Permanent Disability; serious illness of yourself or dependent family member IMPORTANT: This application is only for temporary hardship requests. A temporary hardship application is defined as a financial situation under 6 months.	<ul style="list-style-type: none"> • Most Recent Checking Account Statement • Written Statement from Member, or other documentation verifying disability or illness. <p>NOTE: Detailed medical information is not required and information from a medical provider is not required</p>
IV. Death of a family member or wage earner in the household	<ul style="list-style-type: none"> • Death Certificate, OR • Obituary (newspaper or memorial webpage)
V. 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
VI. 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
VII. Other: Hardship that is not covered above	<ul style="list-style-type: none"> • Most Recent Checking Account Statement • Verification/documents supporting explanation of hardship

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