

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:			Co-Borrower's Name and Member Number:		
Social Security Number:		Email Address:	Social Security Number:		Email Address:
Current Mailing Address:			Current Mailing Address:		
Current Property Address	S:		Current Property Addre	ess:	
Cell Phone:	Home Phone:	Work Phone:	Cell Phone:	Home Phone:	Work Phone:
Employer: Time with Employer:		22 27 27 27 27 27 27 27 27 27 27 27 27 2	Employer: Time with Employer:		
Gross Monthly Income:			Gross Monthly Income	×	
Unemployment/Disability Income:			Unemployment/Disabili Income:	ity	
Child Support/Alimony Received*:			Child Support/Alimony Received*:		
Rents Received:	****		Rents Received:	The state of the s	
Other (Specify):			Other (Specify):		
Total:			Total:		



Application Details

 I am having problems making my n by: (Check all applicable options) 	nonthly payment because of finar	ncial difficulties created			
Unemployment	Temporary Layoff	Divorce / Separation			
Illness	Disability	Death of Spouse			
Reduced Income	Business Failure	Medical Bills			
Military Service*	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 Fe	3. Please list all loans with Riegel Federal Credit Union that you are requesting assistance for:				
		Loan #			
Loan Type	Loan Type	Loan Type			
4. Please include written statement at	testing to the cause of your financ	cial difficulties (required):			



To Whom It May Concern:

I/We have applied for hardship assistance with Riegel Federal Credit Union (RFCU). As part of the application process, Riegel Federal Credit Union may request and verify information contained in my/our application and other documents required in connection with the application. Such information includes, but is not limited to loan payoff amounts, loan amount, balances, credit reports, and any other similar information.

If temporary assistance is approved and the extension of the current terms or due date change is completed. I/We hereby agree to pay the balance remaining due on this note with the understanding that all provisions of the original note, except those changed by this request, continue in full force and effect.

I also understand that the payout consideration from my GAP agreement provider may be affected by any and all skipped payments.

If RFCU needs to contact me to service my account with RFCU or collect amounts I owe to RFCU, I authorize RFCU to contact me at any number I provide, or from which I call RFCU, or at which RFCU reasonably believes it may reach me. RFCU may contact me by calling or texting or any other appropriate means. I agree RFCU may contact me on a mobile, wireless, cell phone or similar device even if I am charged for it and I 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 RFCU with the number and the owner consents to such contact.

Signature	Date	Signature	Date
Printed Name		Printed Name	and a



Required Hardship Documentation

IF YOUR HARDSHIP IS DUE TO:	PLEASE PROVIDE:		
I. Unemployment	 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)	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.	Most Recent Checking Account Statement Written Statement from Member, or other documentation verifying disability or illness. NOTE: Detailed medical information is not required and information from a medical provider is not required		
IV. Death of a family member or wage earner in the household	 Death Certificate, OR Obituary (newspaper or memorial webpage) 		
V. Divorce or Legal Separation	 Divorce Decree signed by the court, OR Separation agreement signed by the court, OR Current evidence showing separate addresses 		
VI. Business Failure	 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	 Most Recent Checking Account Statement Verification/documents supporting explanation of hardship 		