Financial Hardship Help Request Form

Borrower's Name: _____ Request Date: _____
Account Number: _____ Loan Suffix(es): _____

Borrower Personal Information
Address: _____
Phone: _____ Alternate Phone: _____
Email Address: _____

Borrower Employment Information
Employer Name: _____
Employer Address: _____
Employer Phone: _____
Primary Income per Month (before taxes): _____
Additional Income Source: _____
Additional Income Amount (before taxes): _____

Co-Borrower Employment Information
Employer Name: _____
Employer Address: _____
Employer Phone: _____
Primary Income per Month (before taxes): _____
Additional Income Source: _____
Additional Income Amount (before taxes): _____

Has your income changed since the original loan was granted? ☐ Yes ☐ No

I HEREBY REQUEST TO CHANGE THE TERMS OF MY LOAN AS INDICATED BELOW

Type of help you are requesting: ☐ Temporary ☐ Long Term

If your hardship is long term, you must complete the Long-Term Help Questionnaire on page two and attach a letter describing the hardship and specifics of what led to the hardship.

- ☐ Skip payment for _____ Months
- ☐ Temporary skip payments-loan protection claim submitted
- ☐ Reduce payments to _____ for _____ Months
- ☐ Work out request to reduce rate, term, or payment amount

I understand I am responsible for payments due according to my existing contract until I have received confirmation from eDCU that my request has been approved.

ALL borrowers must sign

Borrower Signature: _____ Date: _____
Borrower Signature: _____ Date: _____
Collateral owner signature: _____ Date: _____

A credit report may be obtained on all borrowers of the loan to complete your request.

Long Term Help Questionnaire

Please complete "non loan expenses" and any other obligations which do not report to your credit.

Housing:

Housing expense _____

Utilities (power, water, garbage) _____

Phone/Internet _____

_____ _____

_____ _____

Necessities:

Groceries _____

Household Supplies _____

Child Care _____

School Lunches _____

Hygiene _____

Transportation:

Gas/Fares _____

Parking _____

Car Insurance _____

Personal:

Medical/Dental/Vision _____

Cable or Streaming services _____

Life Insurance _____

_____ _____

_____ _____

_____ _____

Total of above amounts: $ 0.00

Are you currently past due on any of the above expenses? ☐ Yes ☐ No

If yes please list with amount owed: _____

Additional payments which would not be reported on credit? ☐ Yes ☐ No

If yes please list: _____

Is there additional household income from someone not associated with the loan?

☐ Yes ☐ No If yes, how much do they contribute to household? _____

Are you receiving financial hardship help from any of your other creditors?

☐ Yes ☐ No If yes, please list: _____