



Date: \_\_\_\_\_

### Affidavit of Significant Financial Hardship

Borrower Name: \_\_\_\_\_ Co-Borrower Name: \_\_\_\_\_

In order to be considered for hardship assistance offered by Adelfi Credit Union, I/we are submitting this form and indicating by the checkmarks below that one or more events are contributing to financial hardship and difficulty in making payments on the Adelfi Credit Union loan or credit card.

- My/our income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings, death, disability or divorce.
- My/our expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes.
- My/our cash reserves are insufficient to maintain the payment on my loan and cover basic living expenses at the same time.
- My/our monthly debt payments are excessive, and I am overextended with my creditors. Debt includes credit cards, home equity loans or other debt.
- There are other reasons I/we cannot make our loan/credit card payments. Details are provided in the "Explanation" section below.

Explanation:

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My/our financial hardship is  Temporary or  Permanent in nature.

**Confirm the type of assistance you are requesting:**

Deferment of payments  Modification of payment amount

If modification is requested, what is the amount of funds available to contribute towards a modified payment? \_\_\_\_\_

**Please return the completed form by fax to 909.599.5685 or email to ConsumerLoanQuality@adelfibanking.com.**

