

FINANCIAL HARDSHIP FORM



BORROWER INFORMATION

| BORROWER | | CO-BORROWER | |
|--|--------------|---|--------------|
| Name | | Name | |
| SS # | | SS # | |
| Home Phone # | Work Phone # | Home Phone # | Work Phone # |
| Mailing Address | | Mailing Address | |
| Dependents <i>(how many and ages)</i> | | Dependents <i>(not listed by borrower)</i> | |

INCOME INFORMATION

| BORROWER | | CO-BORROWER | |
|------------------------|------------|------------------------|------------|
| Employer | | Employer | |
| Position | Start Date | Position | Start Date |
| Gross Wages | | Gross Wages | |
| Frequency of Pay | | Frequency of Pay | |
| Child Support | | Child Support | |
| Alimony | | Alimony | |
| Social Security Income | | Social Security Income | |
| Unemployment Income | | Unemployment Income | |
| Disability Income | | Disability Income | |
| Rental Income | | Rental Income | |
| Other Income () | | Other Income () | |
| Other Income () | | Other Income () | |

****NEED INCOME VERIFICATION FOR ALL SOURCES OF INCOME****

FINANCIAL HARDSHIP FORM

ASSETS / LIABILITIES

| DESCRIPTION | ESTIMATED VALUE | AMOUNT OWED | NET VALUE |
|------------------------------|-----------------|-------------|-----------|
| Personal Residence | \$ | \$ | \$ |
| Secondary Home | \$ | \$ | \$ |
| Checking Accounts | \$ | \$ | \$ |
| Savings Accounts | \$ | \$ | \$ |
| IRA / 401K/Keogh Accounts | \$ | \$ | \$ |
| Stocks / Bonds / CDs | \$ | \$ | \$ |
| Cash Value of Life Insurance | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| TOTALS | \$ | \$ | \$ |

EXPENSES

| DESCRIPTION | MONTHLY PAYMENT | BALANCE DUE | DELINQUENT YES NO | |
|-----------------------------|-----------------|-------------|-----------------------|-----------------------|
| First Mortgage | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Second Mortgage | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Third Mortgage | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Liens (Judgements, Truces) | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Alimony / Child Support | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Homeowners Association Dues | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Child Care | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Health Insurance | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Medical | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Dental | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Auto Loan #1 | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Auto Loan #2 | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Auto Loan #3 | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Auto Insurance | \$ | \$ | <input type="radio"/> | <input type="radio"/> |

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EXPENSES (continued)

| DESCRIPTION | MONTHLY PAYMENT | BALANCE DUE | DELINQUENT YES | NO |
|-------------------------|-----------------|-------------|-----------------------|-----------------------|
| Auto Expenses /Gasoline | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Food / Spending Money | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Water /Sewer | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Gas /Electric | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Cable/ Dish | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Phone | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Cell Phone | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| Other | \$ | \$ | <input type="radio"/> | <input type="radio"/> |

COMPREHENSIVE CREDIT CARD INFORMATION

| DESCRIPTION (NAME) | MONTHLY PAYMENT | BALANCE DUE | DELINQUENT YES | NO |
|--------------------|-----------------|-------------|-----------------------|-----------------------|
| | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
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| | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| | \$ | \$ | <input type="radio"/> | <input type="radio"/> |
| TOTALS | \$ | \$ | | |

FINANCIAL HARDSHIP FORM

SELECT ONE

- My hardship is expected to last less than 90 days I would like a 3-month payment deferment.
- My hardship is expected to last less than 180 days I would like a 6-month payment deferment.

* Fax completed application to: Collections Department at 847-670-0401
Or mail completed application to: METRO Federal Credit Union
2440 E Rand road
Arlington Heights IL 60004
Or Email completed application to: Accountservices@mcu.org

The following documentation also **MUST** be included to determine eligibility for Loan Workouts:

1. Financial Hardship Form
2. For each Borrower: Copies of your two most recent pay stubs, unemployment income, pension income, alimony income, or social security income.
3. If self-employed, a current copy of your most recent business tax return (including Schedule "C", 0165, 1120"S", or 1120 and K-1 if applicable), and a copy of your most recent personal Federal Tax Return.

I/We understand and realize that the financial information being provided will be used by the Credit Union to analyze my options with respect to my consumer loans with the Credit Union. I/We further understand and acknowledge that any action taken by the Credit Union will be made in strict reliance on the financial information I provided herein. I/We understand that the Credit Union may need to obtain a credit report to continue processing a hardship application request. I/We understand signing this analysis authorizes METRO Federal Credit Union to obtain a credit report if necessary. By signing below, we certify that the information and documentation provided is true and correct to the best of my/our knowledge.

Signature of Borrower

Signature of Co-Borrower

Date

Date

FOR OFFICE USE ONLY

| | | | |
|--------------|----------------|----------------------|---------------------------------|
| Loan # _____ | Pmt Amt: _____ | Temp Pmt to \$ _____ | 1 st Due Date: _____ |
| Loan # _____ | Pmt Amt: _____ | Temp Pmt to \$ _____ | 1 st Due Date: _____ |
| Loan # _____ | Pmt Amt: _____ | Temp Pmt to \$ _____ | 1 st Due Date: _____ |

3-month payment deferment. 6-month payment deferment. ____ month payment deferment.

Approved by: _____ Date: _____