

# COVID-19 Hardship Application



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(251)706-0255 \* Fax (251)706-0299  
[www.usafedcu.com](http://www.usafedcu.com)

If you're experiencing a hardship or have other needs, we're here to help. We're offering late fee waivers, payment deferrals and other assistance for loans. We are suspending residential property foreclosure sales and involuntary automobile repossessions. These options provide payment help due to the COVID-19 pandemic impacts such as:

- COVID-19 illness preventing you from your normal employment
- Caring for an ill family member that prevents your normal employment
- Unemployment or underemployment
- Decline in income

## APPLICANT INFORMATION *All sections must be filled out completely*

Account Number \_\_\_\_\_

Full Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Street Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Number: ( ) \_\_\_\_\_ Work Number ( ) \_\_\_\_\_

Present Employer: \_\_\_\_\_

Are you in an active bankruptcy? Yes ☐ No ☐

How have your finances been impacted: \_\_\_\_\_

## Please read and acknowledge by placing your initials in the blocks:

I have a financial hardship due to COVID-19 (coronavirus).

I am requesting payment suspension for this/these accounts.

## List the loans that require assistance:

Loan #	Loan Description	Requested Number of Payments
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\*Loans NOT eligible for this offer are:** VISA credit cards and loans delinquent by more than 45 days.

It is the Credit Union's policy to not discriminate against any applicant with respect to race, color, religion, national origin, sex, marital status, age, the receipt of public assistance, part time income, or exercising rights under any consumer protection credit act. It is the Credit Union's intent to comply with all consumer credit protection statutes and regulations.

By signing below, you hereby certify that the information given on this application has been furnished for the purpose of receiving payment assistance due to COVID-19 and that it is true, correct and complete as of this date. You understand that Title 10 US Code 1014 contains criminal penalties for fraud or false statements to influence Credit Unions insured by the National Credit Union Administration. You understand that the Credit Union will retain this application whether or not it is approved.

A photocopy or FAX copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

Signature

Date

Co-Signer Signature

Date

(All parties signing the original loan documents must sign to request hardship assistance.)

## For Credit Union Use Only:

Received By: \_\_\_\_\_

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

Processed By: \_\_\_\_\_

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