

Dear Member:

You acknowledged you may be experiencing a hardship. Please review and complete the information below pertaining to possible assistance. **Please complete the checklist shown below and submit all of the paperwork to us within 30 days:**

- Hardship Application –includes a typed or hand written summary that states why you are in need of assistance. Details will help us understand your situation and what we may be able to offer to help
- Completed Budget Worksheet
- Proof of income –Tax returns, paystubs
- Supporting documents for hardship

Additional information may be required. You will be contacted within 5 business days by a representative after we receive your documentation, and we will let you know the next step to process your request.

If all required documents are not received, the application will not be considered completed. We will not consider an incomplete application for any loss mitigation options. Once you have gathered the data necessary for a complete Application, you may submit it to us via mail, fax, or email.

Our Loss Mitigation options vary by product. It includes, but is not limited to the following, and are subject to approval:

- Loan Modification
- Payment Forbearance
- Short Sale (if applicable)
- Deed in lieu of foreclosure (if applicable)
- Cash For Keys (if applicable)

For help exploring your options specifically for a mortgage, the Federal Government provides contact information for housing counselors. You can assess this information at <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or by calling (800) 569-4287. We also strongly suggest that you contact any lender that also holds a mortgage on the property that secures this loan to explore any Loss Mitigation options that offer.



Account number: _____

Hardship Assistance Application

If you are having trouble meeting your monthly loan payment obligation, please complete and submit this application, along with the required documentation, to us via mail, fax, or email. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this this application, please contact us.

Borrower Information:

Borrower's Name:

Borrower's Address:

Social Security Number (last 4 digits):

Email address:

Primary phone number: _____

Alternate phone number: _____

Co-borrower's name:

Co-borrower's Address (if different):

Social Security Number (last 4 digits):

Email address: _____

Primary phone number: _____ (Cell/Home/Work, Other)

Alternate phone number: _____ (Cell/Home/Work/Other)

Is either borrower on active duty with the military (including National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? Yes No

Account number: _____

Complete the information below:

Budget Worksheet

Income (Gross Monthly income for borrowers)		Housing Expenses (minimum monthly payments)	
Borrower: \$		1st Mortgage(include tax+ins): \$	
Co-Borrower: \$		2nd Mortgage: \$	
Child Support/Alimony: \$		Other Mortgages or Rent: \$	
Renter Income: \$		C. Total Housing Expense:\$	
Other Income: \$			
		Other Expenses	
A. Total Income: \$		Child Care: \$	
		Child Support/Alimony: \$	
Loan Payments (minimum monthly payments)		Tuition: \$	
Auto Loan: \$		Utilities: \$	
Auto Loan: \$		Cell Phone: \$	
Personal Loan(s): \$		Home Phone: \$	
Credit Cards: \$		Television/Cable: \$	
B. Total Loan Payments: \$		Internet: \$	
		Auto Insurance: \$	
Total from A=		Other Insurance: \$	
Sum of B, C, D =		Transportation(gas,bus,train): \$	
		Groceries: \$	
Net Result =		Dining Out: \$	
		Other: \$	
		D. Total Other Expenses: \$	

*Please provide supporting documentation as proof of income for verification purposes,
(Example: paystubs, tax returns)

By signing below you agree that the information provided in this application is accurate and true. Knowing submitting false information may violate Federal and other applicable laws.

Borrower's signature

Co- Borrower's signature

Borrowers Certification and Agreement

1. I certify and acknowledge that all of the information in this Assistance Application is truthful, and the hardship I identified contributed to my need for relief.
2. I agree to provide Franklin Mint Federal Credit Union (FMFCU) with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner.
3. I acknowledge and agree that FMFCU is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to FMFCU or a third party authorized by FMFCU obtaining a current credit report for myself as either a borrower or co-borrower, even if I am currently in bankruptcy (meaning a bankruptcy stay has been issued) or my debts have already been discharged by a bankruptcy court. I understand that if assistance is offered, additional credit reports may be pulled at a later time to analyze risk.
5. I consent to being contacted concerning this application for assistance at any telephone number, including any mobile telephone number, or email address I have provided to FMFCU.

By signing this agreement you agree with all terms and conditions mentioned above.

Borrower signature: _____ Date: _____

Co-Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation to RetentionSolutionsEmailGroup@fmfcu.org. We will contact you within five business days to acknowledge receipt, and let you know if you need to send additional information or documents. We will use the information you provided to help identify the assistance you may be eligible to receive.